

## APPENDIX B1

### 1996 SIPP WAVE 9 CORE QUESTIONNAIRE

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Instrument Front Section

---

-START-

CENSUS CATI/CAPI SYSTEM      Date: 01-25-99  
Ver: 1

SIPP  
THE SURVEY OF INCOME AND PROGRAM PARTICIPATION  
1996 Panel, Wave 9

PSU: \_\_\_\_\_  
SEGMENT: \_\_\_\_\_  
SERIAL: \_\_\_\_\_  
CASE STATUS IS: \_\_\_\_\_  
APPOINTMENT: \_\_\_\_\_  
DATE IS: \_\_\_\_\_  
TIME IS: \_\_\_\_\_  
INTERVIEW MODE: \_\_\_\_\_

(P) Proceed - PERSONAL INTERVIEW  
(T) Telephone interview (goto Dial screen)  
(A) Set appointment for visit or callback  
(Q) Quit -- Do Not Attempt now

---

-DIAL-

FR INSTRUCTION: PRESS SHIFT-F4 AND REVIEW HOUSEHOLD COMPOSITION  
BEFORE BEGINNING THE INTERVIEW

Dial this number: Area Code: (\_\_\_\_) Phone Number: \_\_\_\_\_ Ext: \_\_\_\_  
Secondary number: Area Code: (\_\_\_\_) Phone Number: \_\_\_\_\_ Ext: \_\_\_\_

- (1) Someone answers - BEGIN INTERVIEW
- (2) Someone answers - SET APPOINTMENT
- (3) No contact - answer machine/busy/no answer
- (4) New telephone number or telephone disconnected
- (5) Not attempted now

---

-DASSIST-

Enter address or (S) for SAME, if no change needed

If HH has no telephone, enter N for the area code to proceed

FR INSTRUCTION: Call directory assistance in your area if necessary to obtain the correct telephone number for this household.

(PRESS SHIFT-F4 TO DISPLAY HOUSEHOLD ROSTER AND ADDRESS FROM PREVIOUS WAVE)

What is the new telephone number for the household?

CURRENT TELEPHONE NUMBER: \_\_\_\_\_

Area Code: (\_\_\_\_) Telephone: \_\_\_\_\_ Extension: \_\_\_\_

---

-INTRO\_D-

Some of the questions have already been answered. Let me see where we should begin.

Item to begin: \_\_\_\_\_

PRESS ENTER TO CONTINUE

---

-INTRO-

"Hello. I'm ... from the United States Bureau of the Census. (If personal visit, read: Here is my identification card(show ID card)).

Several months ago this household was contacted concerning a survey on the economic situation of people who live in the United States. I have some further questions to ask you."

Ask respondent if he/she received advance letter; if not, give letter to respondent before proceeding (if personal visit), or read/explain the letter to telephone respondents.

Is the respondent ready to complete the interview?

- (1) No - Inconvenient time.
- (2) No - Reluctant Respondent - Hold for refusal followup
- (3) Noninterview (Type A/B/C/D OR a mover noninterview)
- (4) Contacted Incorrect Household - END INTERVIEW

(P) Proceed

---

-INCLET-

Did you receive a letter explaining the reason for our follow-up visit?

- (1) Yes
- (2) No

---

-INCNUMA-

FR: Did you give the respondent a debit card at the door?

- (1) Yes
- (2) No

---

-INCNUMB-

FR: Enter 4-digit cash card number from the debit card.  
ENTER "9999" FOR "Don't Know"

---

-TYPEABC-

ENTER NONINTERVIEW CODE

TYPE A

- (1) No one home
- (2) Temporarily absent
- (3) Refused
- (4) Language problem
- (5) Other Type A

TYPE B

- (20) ENTIRE HH institutionalized

TYPE C

- (29) ENTIRE HH deceased
- (30) ENTIRE HH moved out of country
- (31) ENTIRE HH on active duty in Armed Forces

MOVER SITUATIONS

- (32) ENTIRE HH Moved to known address OUTSIDE of FR's area
- (33) ENTIRE HH Moved to known address WITHIN FR's area
- (34) ENTIRE HH merged with another SIPP HH
- (35) ENTIRE HH Moved and split into several new SIPP HH's
- (36) ENTIRE HH Moved - further work needed to obtain address
- (37) Other Type C

TYPE D

- (38) ENTIRE HH Moved, address unknown
- (39) ENTIRE HH Moved within US; RO determined case is outside SIPP limits

---

-BCINFO-

FR INSTRUCTION:

For Type B and C noninterviews, collect the following information.

Date the household left sample: Month: \_\_\_\_ Day: \_\_\_\_

Name of person providing noninterview status

FR NOTE: Enter "BYOBS" if determined by observation

\_\_\_\_ Name

Telephone number of person listed above:

Area Code: (\_\_\_\_)

Number: \_\_\_\_\_

Extension: \_\_\_\_

---

-SPECIFY-

Specify the kind of "Other" Noninterview

---

-TYPC\_OTH-

Specify the kind of "Other" Noninterview

---

-NI\_RACE-

Enter the Race of the reference person

- (1) White
- (2) Black
- (3) American Indian, Aleut or Eskimo
- (4) Asian or Pacific Islander
- (5) Other
- (D) Don't Know

---

-NI\_SEX-

Enter the Sex of the reference person

- (1) Male
- (2) Female

---

-NI\_SIZE-

ASK OR VERIFY WITH SOME KNOWLEDGEABLE INDIVIDUAL

Enter the total number of people in the household. Count all children and adults.

---

-NI\_TENUR-

Are the living quarters --

- (1) Owned or being bought by the occupant(s)
- (2) Rented for cash
- (3) Occupied without payment of cash rent

---

-CC02AB-

FR NOTE: Please be sure to complete a Type A and D Information Sheet for this case.

PRESS ENTER TO CONTINUE

---

-TYPEADIS-

\*\* NOTE TO FR \*\*

PLEASE DISCUSS THIS CASE WITH YOUR SUPERVISOR BEFORE DESIGNATING IT AS A TYPE A NONINTERVIEW.

PRESS ENTER TO CONTINUE

---

-GET\_NEWAD1-

ASK OR VERIFY -

Can you give me the new address of the individuals who lived in this household?

- (1) Yes
- (2) No / Address not available yet

---

-GET\_NEWAD2-

IF ANY PART OF THE ADDRESS IS UNKNOWN OR BLANK, PRESS ENTER TO LEAVE THOSE FIELDS BLANK.

What is the new address for these persons?

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

STATE: \_\_\_\_\_ (H) HELP

ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

AREA CODE: (\_\_\_\_)

TELEPHONE: \_\_\_\_\_

EXTENSION: \_\_\_\_\_

---

-ALFTDATE-

DATE OF LAST INTERVIEW: \_\_\_\_\_

When did these persons leave?

ENTER NUMERIC VALUES FOR MONTH AND DAY

MONTH: \_\_\_\_\_

DAY: \_\_\_\_\_

---

-AVERDATE-

I would like to verify that these persons left before [reference month 1] 1st.

Is that correct?

(1) Yes

(2) No

---

-ARSNLFT-

Why did these persons leave the household?

ENTER ALL THAT APPLY - ENTER (N) AFTER LAST  
ENTRY IF LESS THAN 3 REASONS

- (5) Separation or divorce
- (6) Marriage
- (7) Became employed/unemployed
- (8) Due to job change - other
- (10) Other

---

-ALFTMAIN-

What is the main reason these persons left the household?

---

End of Instrument Front Section



## Coverage Section

---

### -VERADD-

What is your exact address?

ADDRESS: \_\_\_\_\_

- (1) Address correct as listed
- (2) Some additions/changes to address are needed

---

### -ADDWARN-

#### FR INSTRUCTION:

If the entire household has moved to a new address, DO NOT use the address change screen. Entire-household mover cases should be spawned from the TYPE ABC screen. Enter (S) at the prompt to spawn a mover case (or cases).

Use the address change screen ONLY to make minor changes to the household's basic address. Enter (P) at the prompt to proceed to the address change screen.

If there are no changes to the household's address, enter (N) at the prompt to proceed to the next question.

- (N) No changes needed
- (S) Spawn mover case(s) from TYPE ABC screen
- (P) Proceed to the address change screen

---

### -CHGADD-

Enter address or (S) for SAME, if no change needed

Current listing: \_\_\_\_\_

Current listing: \_\_\_\_\_

Current listing: \_\_\_\_\_(H) HELP

Current listing: \_\_\_\_\_

CURRENT TELEPHONE NUMBER: \_\_\_\_\_

Area Code: \_\_\_\_ Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_

---

-VCOUNTY-

ASK OR VERIFY:

In what county is this address located?

Current listing: \_\_\_\_\_

(S) for SAME

---

-MAILADDR-

Is this also your mailing address?

ADDRESS: \_\_\_\_\_

(1) Yes

(2) No

---

-CHGMAIL-

Enter corrected mailing address or (S) for SAME if correct

Current listing: \_\_\_\_\_

Current listing: \_\_\_\_\_

Current listing: \_\_\_\_\_(H) HELP

Current listing: \_\_\_\_\_

---

-ACCESS-

\*\* DO NOT READ TO RESPONDENT \*\*

IS ACCESS TO THIS UNIT

(1) Direct

(2) Through another unit

---

-UNIT\_CMB-

**\*\* DO NOT READ TO RESPONDENT \*\***

This household must be combined with the household through which access is gained. Determine if the household is in or out of the SIPP sample.

- (1) Combined with HH in SIPP sample
- (2) Combined with HH NOT in SIPP sample

---

-LIVQRT-

**\*\* DO NOT READ TO RESPONDENT \*\***

Enter type of living quarters

HOUSING UNIT

- (1) House, apartment, flat
- (2) HU in nontransient hotel, motel, etc.
- (3) HU permanent, in transient hotel, motel, etc.
- (4) HU in rooming house
- (5) Mobile home or trailer with NO permanent room added
- (6) Mobile home or trailer with one or more permanent rooms added
- (7) HU not specified above

GROUP QUARTERS UNIT

- (8) Quarters not HU in rooming or boarding house
- (9) Unit not permanent in transient hotel, motel, etc.
- (11) Student quarters in college dormitory
- (12) OTHER GROUP QUARTERS UNIT not specified above

---

-UNITS-

ASK IF NOT APPARENT

How many housing units, both occupied and vacant, are there in this structure?

- (1) One, detached
- (2) One, attached
- (3) Two
- (4) 3-4
- (5) 5-9
- (6) 10-19
- (7) 20-49
- (8) 50 or more

---

-BEGIN-

I am ready to begin the interview. I just want to let you know that for statistical purposes, I will need to repeat some questions or verify information from previous interviews.

First, I will ask questions about yourself and then, as before, I will need to interview any other adults in the household.

PRESS ENTER TO CONTINUE

---

-VERMAIL-

Is your mailing address:

ADDRESS: \_\_\_\_\_

- (1) Yes
- (2) No

---

-CHVMAIL-

Enter corrected mailing address or (S) for SAME if correct

Current listing: \_\_\_\_\_

Current listing: \_\_\_\_\_

Current listing: \_\_\_\_\_(H) HELP

Current listing: \_\_\_\_\_

---

-TENURE-

Are your living quarters --

- (1) Owned or being bought by you or someone in your household
- (2) Rented for cash
- (3) Occupied without payment of cash rent

---

-VERFYTEN-

Do you still [Own/rent/live there without payment of cash rent]?

- (1) Yes
- (2) No

---

-NEWTEN-

ENTER CORRECT LIVING QUARTERS STATUS

- (1) Owned or being bought by you or someone in your household
- (2) Rented for cash
- (3) Occupied without payment of cash rent

---

-PUBHSE-

Is this residence in a public housing project, that is, is it owned by a local housing authority?

- (1) Yes
- (2) No
- (D) Don't Know

---

-GVTRNT-

Is the Federal, State or local government paying part or all of the rent for this residence?

- (1) Yes
- (2) No
- (D) Don't Know

---

-WRSECT8-

Is this through Section 8 or through some other government program?

- (1) Section 8
- (2) Some other government program

---

End of Coverage Section

Demographic Section

---

-STLLIV-

During our last interview we listed (READ ROSTER NAMES) as living at this residence. Do all of these people still live here now?

- (1) Yes
- (2) No

---

-NOTLIV-

Which of these persons do not live here now?  
ENTER LINE NUMBER OF PERSON WHO LEFT HOUSEHOLD

---

-LFTDATE-

DATE OF LAST INTERVIEW:

When did [you] leave?  
ENTER NUMERIC VALUES FOR MONTH AND DAY IF "PREVIOUSLY LISTED IN ERROR",  
ENTER (0)

MONTH: \_\_\_\_\_  
DAY: \_\_\_\_\_

---

-VERDATE-

I would like to verify that [you] left before [reference month 1] 1st.

Is that correct?

- (1) Yes
- (2) No

---

-RSNLFT-

Why did [you] leave the household.

ENTER ALL THAT APPLY - ENTER (N) AFTER LAST ENTRY IF LESS THAN 3 REASONS

- (1) Deceased
- (2) Institutionalized
- (3) On active duty in the Armed Forces
- (4) Moved outside of U.S.
- (5) Separation or divorce
- (6) Marriage
- (7) Became employed/unemployed
- (8) Due to job change - other
- (9) Listed in error in prior wave
- (10) Other

---

-LFTMAIN-

What is the main reason [you] left the household?

\_\_\_\_\_

---

-WHOELSE-

ASK IF NECESSARY:

Did anyone else who lived here last time go to live with (READ NAME(S))?

- (1) Yes
- (2) No



---

-NEWADD-

What is the new address for ... READ NAMES?

FR: Do you know the new address?

- (1) Yes
- (2) No

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_ (H) HELP

ZIP: \_\_\_\_\_

TELEPHONE NUMBER:

AREA CODE: \_\_\_\_

TELEPHONE: \_\_\_\_\_

EXTENSION: \_\_\_\_

---

-FRAREA-

QUESTION TO FR:

Is this address within your interview area?

- (1) Yes
- (2) No
- (3) Further work needed to obtain address

---

-MORLEAV-

Is anyone else who lived here last time currently not living here?

- (1) Yes
- (2) No

---

-NEWMBR-

Is anyone else living or staying here now, who I have not listed, including any newborn babies?

- (1) Yes
- (2) No

---

-FMRMBR-

FR NOTE:

Is the new household member on the list of former household members listed above?

If so, enter the person number of the person. Otherwise, enter (N).

---

-FMRDATE-

When did [you] begin living here?

ENTER NUMERIC VALUES FOR MONTH AND DAY.

ENTER (B) IF PERSON LIVED AT THIS ADDRESS BEFORE SAMPLE PERSON(S) ENTERED.

MONTH \_\_\_\_\_  
DAY \_\_\_\_\_

---

-FMRDAT-

I would like to verify that [you] joined this household before [reference month 1] 1st. Is that correct?

- (1) Yes
- (2) No

---

-RSNFMFMR-

Why did [you] join this household?

- (1) Birth
- (2) Marriage
- (4) Due to separation or divorce
- (5) From an institution
- (6) From Armed Forces barracks
- (7) From outside the U.S.
- (9) Became employed/unemployed
- (10) Job change - other
- (11) Lived at this address before sample person(s) entered
- (12) Other

(N) No more

---

-FMRMAIN-

What was the main reason [you] entered the household?

\_\_\_\_\_

---

-MOREFMFMR-

Did anyone else on this list rejoin this household?

- (1) Yes
- (2) No

---

-ADDFMR-

Enter the line number or (N) for NO MORE

---

-MORJOIN-

Is there anyone else living or staying here now, who I have not listed?

- (1) Yes
- (2) No

---

-NEWNAME-

What is the name of the new person? Please include middle and maiden names.

PRESS ENTER IF NO MIDDLE OR MAIDEN NAME

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_

Has he/she ever gone by any other last name?

PRESS ENTER IF NO OTHER LAST NAME

OTHER NAME \_\_\_\_\_

---

-NEWRES-

Do [you] usually live here?

(1) Yes

(2) No

---

-NEWURE-

Do [you] have some other residence where he/she usually lives?

(1) Yes

(2) No

---

-NOLIST-

Since [you] do not usually live here and have another residence [you] will not be included in this survey.

PRESS (P) TO PROCEED

---

-ENTDATE-

When did [you] begin living here?

ENTER NUMERIC VALUES FOR MONTH AND DAY.

ENTER (B) IF PERSON LIVED AT THIS ADDRESS BEFORE SAMPLE PERSON(S) ENTERED.

MONTH \_\_\_\_\_

DAY \_\_\_\_\_

---

-VERDAT-

I would like to verify that [you] joined this household before [reference month 1] 1st. Is that correct?

(1) Yes

(2) No

---

-RSNENT-

Why did [you] join this household?

(1) Birth

(2) Marriage

(4) Due to separation or divorce

(5) From an institution

(6) From Armed Forces barracks

(7) From outside the U.S.

(9) Became employed/unemployed

(10) Job change - other

(11) Lived at this address before sample person(s) entered

(12) Other

(N) No more

---

-ENTMAIN-

What was the main reason [you] entered the household?

\_\_\_\_\_

---

-NEWSEX-

ASK IF NOT APPARENT:

Are [you] Male or Female?

- (1) Male
- (2) Female

---

-HHRESP-

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

ASK IF NECESSARY: With whom am I speaking?

ENTER LINE NUMBER

---

-SEXCHG-

\*\* REVIEW THE ROSTER -

IF ALL SEX ENTRIES ARE CORRECT, PRESS (P) TO PROCEED;

IF ANY SEX ENTRIES ARE INCORRECT, PRESS (C) TO MAKE CHANGES. \*\*

- (P) Proceed
- (C) Make Changes

---

-SEXCHG1-

ENTER ONLY THE LINE NUMBER OF THE PERSON NEEDING THE CHANGE -

ENTER (N) WHEN ALL CHANGES ARE COMPLETE

---

-RPCHECK-

\*\* REVIEW THE ROSTER -

IF THE REFERENCE PERSON INFORMATION IS CORRECT, PRESS (P) TO PROCEED;

IF THE REFERENCE PERSON INFORMATION IS INCORRECT, OR IF THE  
RELATIONSHIPS TO THE REFERENCE PERSON ARE INCORRECT, PRESS (C) TO MAKE  
CHANGES. \*\*

(P) Proceed

(C) Make Changes

---

-NEWRP-

FR NOTE:

Last time we recorded that [you] were the person or one of the persons who owned or rented the home. [you] no longer live here.

Who owns or rents this home?

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

ENTER LINE NUMBER

---

-NEWRP2-

FR NOTE:

Last time we recorded that [you] were the person or one of the persons who owned or rented the home. [you] no longer live here.

Who owns or rents this home?

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

ENTER LINE NUMBER

---

-NEWRP3-

FR NOTE:

Last time we recorded that [you] owned or rented the home.

Now that your address has changed, I need to know if [you] are the person or one of the persons who owns or rents this home.

- (1) Yes, same person owns/rents home
- (2) No, someone else owns/rents home

---

-NEWRP4-

Who owns or rents this home?

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

ENTER LINE NUMBER

---

-NEWRRP-

Please turn to flashcard A.

Which one of the responses listed best describes [your] relationship to [reference person]?

- (20) Spouse (Husband/Wife)
- (21) Unmarried Partner
- (22) Child
- (23) Grandchild
- (24) Parent (Mother/Father)
- (25) Brother/Sister
- (26) Other Relative of Reference Person (Uncle, cousin, mother-in-law, father-in-law, etc.)
- (27) Foster Child
- (28) Housemate/Roommate
- (29) Roomer/Boarder
- (30) Other Non-Relative of Reference Person



---

-SPOUSE1-

DO NOT READ TO RESPONDENT UNLESS NECESSARY

Is one of the following SEX entries incorrect?

LINE	NAME	SEX
------	------	-----

- (1) To correct LINE [fill P\_REF\_LNO]'s SEX entry
- (2) To correct LINE [fill L\_NO]'s SEX entry
- (3) Neither sex entry is incorrect

---

-SPOUSE2-

You said [you] are [reference person's] spouse.  
Is that correct?

- (1) Yes
- (2) No

---

-SPOUSE3-

DO NOT READ TO RESPONDENT UNLESS NECESSARY

Earlier I recorded [you] were [reference person's] spouse.

You have just reported [you] are also [reference person's] spouse.

Which is correct?

- (1) [first spouse listed] is the correct spouse. Change relationship entry of [you]
- (2) [you] are the correct spouse. Change relationship entry of [first spouse listed]

---

-SPOUSE4-

Please turn to flashcard A. What is [your] relationship to [reference person]?

- (22) Child
- (23) Grandchild
- (24) Parent (Mother/Father)
- (25) Brother/Sister
- (26) Other Relative of Reference Person (Uncle, cousin, mother-in-law, father-in-law, etc.)
- (27) Foster Child
- (28) Housemate/Roommate
- (29) Roomer/Boarder
- (30) Other Non-Relative of Reference Person

---

-DAD1-

You have reported both [you] and [your spouse] are parents of [child's name]. Is that correct?

- (1) No, change relationship to reference person code for [second person listed]
- (2) No, change relationship to reference person code for [first person listed]
- (3) Yes, this is correct. (One is natural father, one is step-father, for example)

---

-DAD2-

Please look at flashcard A. What is [your] relationship to [reference person]?

- (21) Unmarried Partner
- (22) Child
- (23) Grandchild
- (24) Parent (Mother/Father)
- (25) Brother/Sister
- (26) Other Relative of Reference Person (Uncle, cousin, mother-in-law, father-in-law, etc.)
- (27) Foster Child
- (28) Housemate/Roommate
- (29) Roomer/Boarder
- (30) Other Non-Relative of Reference Person

---

-MOM1-

You have reported both [you] and [your spouse] are parents of [child's name]. Is that correct?

- (1) No, change relationship to reference person code for [second person listed]
- (2) No, change relationship to reference person code for [first person listed]
- (3) Yes, this is correct. (One is natural mother, one is step-mother, for example)

---

-MOM2-

Please look at flashcard A. What is [your] relationship to [reference person]?

- (21) Unmarried Partner
- (22) Child
- (23) Grandchild
- (24) Parent (Mother/Father)
- (25) Brother/Sister
- (26) Other Relative of Reference Person (Uncle, cousin, mother-in-law, father-in-law, etc.)
- (27) Foster Child
- (28) Housemate/Roommate
- (29) Roomer/Boarder
- (30) Other Non-Relative of Reference Person

---

-RPDAD-

I've recorded that [you] are [child's name]'s father. Is [child's name] his biological, step, adopted or foster child?

- (1) Biological or natural
- (2) Stepchild
- (3) Adopted child
- (4) Foster child

---

-RPDAD2-

Is [child's name] also his adopted child?

- (1) Yes
- (2) No

---

-RPMOM-

I've recorded that [you] are [child's name]'s mother. Is [child's name] her biological, step, adopted or foster child?

- (1) Biological or natural
- (2) Stepchild
- (3) Adopted child
- (4) Foster child

---

-RPMOM2-

Is [child's name] also her adopted child?

- (1) Yes
- (2) No

---

-INTROCC-

Now I will briefly review a little information about the people who live here.

PRESS ENTER TO CONTINUE

---

-AGECHK-

I have listed that your age is [age]  
Is that correct?

- (1) Yes
- (2) No

---

-NUBDAY-

What is your date of birth?

- |              |            |               |
|--------------|------------|---------------|
| (1) January  | (5) May    | (9) September |
| (2) February | (6) June   | (10) October  |
| (3) March    | (7) July   | (11) November |
| (4) April    | (8) August | (12) December |

BIRTH MONTH

PREVIOUS ANSWER: \_\_\_\_\_

DAY OF MONTH

PREVIOUS ANSWER: \_\_\_\_\_

BIRTH YEAR

PREVIOUS ANSWER: \_\_\_\_\_

---

-DOB-

What is your date of birth?

- |              |            |               |
|--------------|------------|---------------|
| (1) January  | (5) May    | (9) September |
| (2) February | (6) June   | (10) October  |
| (3) March    | (7) July   | (11) November |
| (4) April    | (8) August | (12) December |

ENTER MONTH: \_\_\_\_\_

ENTER DAY: \_\_\_\_\_

ENTER 4 DIGIT YEAR: \_\_\_\_\_

---

-DOBA-

Would you say you are:

- (1) [AGE 1] years of age?
- (2) [AGE 2] years of age?
- (N) Neither is correct

---

-VERAGE-

That would make you [age]  
Is that correct?

- (1) Yes, age is correct
- (2) No, age is not correct

---

-AGEGES-

ENTER YOUR BEST ESTIMATE OF YOUR AGE:

---

-OLDMS-

Last time I recorded your marital status as [marital status recorded from last interview].  
Is that your current marital status?

- (1) Yes
- (2) No

---

-OLDSP-

Last time I recorded that you were married to [spouse recorded at last interview].  
Is that currently correct?

- (1) Yes
- (2) No

---

-MS-

What is your current Marital Status?

- (1) Married, SPOUSE PRESENT
- (2) Married, SPOUSE ABSENT
- (3) Widowed
- (4) Divorced
- (5) Separated
- (6) Never married

---

-LNSP-

ENTER LINE NUMBER OF YOUR SPOUSE. ASK IF NECESSARY

(N) No one listed

---

-SPSSX1-

(DO NOT READ TO RESPONDENT UNLESS NECESSARY)

Is one of the following SEX entries incorrect?

LINE	NAME	SEX
------	------	-----

[List of household members with incorrect sex entries]

- (1) To correct Line [fill L\_NO]'s SEX entry
- (2) To correct Line [fill X]'s SEX entry
- (3) Neither SEX entry is incorrect

---

-SPSSX2-

You said [he/she] is your spouse.

Is that correct?

- (1) Yes
- (2) No

---

-EVRWID-

Have you EVER been widowed?

- (1) Yes
- (2) No

---

-EVRDIV-

Have you EVER been divorced?

- (1) Yes
- (2) No

---

-AFEVER-

Did you ever serve on active duty in the U.S. Armed Forces?

- (1) Yes
- (2) No

---

-AFWHEN-

When did you serve on active duty?

ENTER AS MANY TIME PERIODS AS APPLY.  
ENTER (N) AFTER LAST REPORTED PERIOD.

FR PROMPT AFTER FIRST RESPONSE:  
Did you serve on active duty any other times?

---

-AFNOW-

Are you now on active duty in the Armed Forces?

- (1) Yes
- (2) No

---

-OLDED-

I have recorded that your highest level of school completed or highest degree received is:  
[education reported from last interview]

Is that still correct?

- (1) Yes
- (2) No



---

-EDUCA-

SHOW FLASHCARD B

What is the highest level of school you have completed or the highest degree you have received?

- (31) Less than 1st grade
- (32) 1st,2nd,3rd or 4th grade
- (33) 5th or 6th grade
- (34) 7th or 8th grade
- (35) 9th grade
- (36) 10th grade
- (37) 11th grade
- (38) 12th grade, no diploma
- (39) HIGH SCHOOL GRADUATE - high school DIPLOMA or equivalent (For example: GED)
- (40) Some college but no degree
- (41) Diploma or certificate from a vocational, technical, trade or business school beyond the High School level
- (42) Associate degree in college - Occupational/vocational program
- (43) Associate degree in college - Academic program
- (44) Bachelors degree (For example: BA, AB, BS)
- (45) Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
- (46) Professional School Degree (For example: MD, DDS, DVM, LLB, JD)
- (47) Doctorate degree (For example: PhD, EdD)

---

-EDUCB-

Have you completed high school by means of a GED or other equivalency test or program?

- (1) Yes
- (2) No

---

-LNMOM-

Is your mother a member of this household?

IF NO, ENTER (N)

IF YES, ENTER THE MOTHERS LINE NUMBER

---

-TYPMOM-

[You] are the parent.

Are you her biological, step, adopted or foster child?

- (1) Biological or natural
- (2) Stepchild
- (3) Adopted child
- (4) Foster child

---

-TYPMOM2-

Are you also [his/her] adopted child?

- (1) Yes
- (2) No

---

-LNDAD-

Is your father a member of this household?

IF NO, ENTER (N)

IF YES, ENTER THE FATHERS LINE NUMBER

---

-TYPDAD-

[You] are the parent.

Are you his biological, step, adopted or foster child?

- (1) Biological or natural
- (2) Stepchild
- (3) Adopted child
- (4) Foster child

---

-TYPDAD2-

Are you also [his/her] adopted child?

- (1) Yes
- (2) No

---

-STEPDAD-

Are you also his stepchild?

- (1) Yes
- (2) No

---

-STEPMOM-

Are you also her stepchild?

- (1) Yes
- (2) No

---

-OLDGRD-

I have listed that [he/she] is your guardian. Is that correct ?

- (1) Yes
- (2) No

---

-LNGD-

Who in this household is responsible for you?

Enter (N) if not listed below.

---

-NEWRACE-

IF PERSONAL VISIT, SHOW FLASHCARD C

Which of the categories (on this card) best describes your race?

IF TELEPHONE INTERVIEW, READ CATEGORIES TO RESPONDENT

- (1) White
- (2) Black
- (3) American Indian, Aleut, or Eskimo
- (4) Asian or Pacific Islander
- (5) Other Race

---

-OTHRAC-

Enter the specific race reported.

---

-ORIGIN-

IF PERSONAL VISIT, SHOW FLASHCARD D

What is your origin or descent?

(READ CATEGORIES IF NECESSARY FOR TELEPHONE INTERVIEWS)

- |                     |  |
|---------------------|--|
| (1) Canadian        | (20) Mexican                           |
| (2) Dutch           | (21) Mexican-American                  |
| (3) English         | (22) Chicano                           |
| (4) French          | (23) Puerto Rican                      |
| (5) French-Canadian | (24) Cuban                             |
| (6) German          | (25) Central American                  |
| (7) Hungarian       | (26) South American                    |
| (8) Irish           | (27) Dominican Republic                |
| (9) Italian         | (28) Other Hispanic                    |
| (10) Polish         | (30) African-American or Afro-American |
| (11) Russian        | (31) American Indian, Eskimo or Aleut  |
| (12) Scandinavian   | (32) Arab                              |
| (13) Scotch-Irish   | (33) Asian                             |
| (14) Scottish       | (34) Pacific Islander                  |
| (15) Slovak         | (35) West Indian                       |
| (16) Welsh          | (39) Another group not listed          |
| (17) Other European | (40) American                          |

---

-SSN-

What is your Social Security or Railroad Retirement Number?

(N) None -- Doesn't have an SSN or RRN

---

-CBSSN-

This information is especially important to the survey. If I Were to call you later do you think I might be able to get the information then?

- (1) Yes
- (2) No

---

-CHANGE-

FR NOTE: PLEASE VERIFY THE INFORMATION DISPLAYED IS CORRECT; REVIEW AND MAKE ANY CORRECTIONS AS NEEDED. IF ANY INFORMATION APPEARS TO BE INCORRECT, ASK:

I need to verify some of the information I have collected for READ ROSTER NAME...

(P) All correct - Proceed  
OR Enter LINE NUMBER of person needing a CHANGE

PRESS "SHIFT-F6" TO DISPLAY FULL ROSTER IF NEEDED

---

-CHG\_ WHAT-

What change is needed for: [you]

- (M) Mistake -- no changes needed
- (2) Name
- (3) Educational attainment
- (4) Race
- (5) Origin
- (6) Social Security Number

PRESS "SHIFT-F6" TO DISPLAY FULL ROSTER IF NEEDED

---

-FIXNAME-

What is the name of the person living or staying here? Please include middle and maiden names.

PRESS ENTER IF NO MIDDLE OR MAIDEN NAME

FIRST NAME \_\_\_\_\_  
MIDDLE NAME \_\_\_\_\_  
LAST NAME \_\_\_\_\_  
MAIDEN NAME \_\_\_\_\_

Has he/she ever gone by any other last name?

PRESS ENTER IF NO "OTHER" NAME

OTHER NAME \_\_\_\_\_

---

-FIXEDUC-

SHOW FLASHCARD B

What is the highest level of school you have completed or the highest degree you have received?

- (31) Less than 1st grade
- (32) 1st,2nd,3rd or 4th grade
- (33) 5th or 6th grade
- (34) 7th or 8th grade
- (35) 9th grade
- (36) 10th grade
- (37) 11th grade
- (38) 12th grade, no diploma
- (39) HIGH SCHOOL GRADUATE - high school DIPLOMA or equivalent (For example: GED)
- (40) Some college but no degree
- (41) Diploma or certificate from a vocational, technical, trade or business school beyond the High School level
- (42) Associate degree in college - Occupational/vocational program
- (43) Associate degree in college - Academic program
- (44) Bachelors degree (For example: BA, AB, BS)
- (45) Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
- (46) Professional School Degree (For example: MD, DDS, DVM, LLB, JD)
- (47) Doctorate degree (For example: PhD, EdD)

---

-FIX\_ED\_B-

Have you completed high school by means of a GED or other equivalency test or program?

- (1) Yes
- (2) No

---

-FIXRACE-

SHOW FLASHCARD C

Which of the categories on this card best describes your race?

- (1) White
- (2) Black
- (3) American Indian, Aleut, or Eskimo
- (4) Asian or Pacific Islander
- (5) Other Race

---

-FIX\_ORAC-

Enter the specific race reported.

---

-FIXORIG-

SHOW FLASHCARD D

Which of the categories on this card best describes your origin or descent?

- |                     |  |
|---------------------|--|
| (1) Canadian        | (20) Mexican                           |
| (2) Dutch           | (21) Mexican-American                  |
| (3) English         | (22) Chicano                           |
| (4) French          | (23) Puerto Rican                      |
| (5) French-Canadian | (24) Cuban                             |
| (6) German          | (25) Central American                  |
| (7) Hungarian       | (26) South American                    |
| (8) Irish           | (27) Dominican Republic                |
| (9) Italian         | (28) Other Hispanic                    |
| (10) Polish         | (30) African-American or Afro-American |
| (11) Russian        | (31) American Indian, Eskimo or Aleut  |
| (12) Scandinavian   | (32) Arab                              |
| (13) Scotch-Irish   | (33) Asian                             |
| (14) Scottish       | (34) Pacific Islander                  |
| (15) Slovak         | (35) West Indian                       |
| (16) Welsh          | (39) Another group not listed          |
| (17) Other European | (40) American                          |

---

-FIXSSN-

What is your Social Security or Railroad Retirement Number?

(N) None -- Doesn't have an SSN or RRN

---

-CHG\_MORE-

Are any more changes needed for: [you]

- (1) Yes
- (2) No



---

-FALLOUT-

FR INSTRUCTION: ALL HOUSEHOLD MEMBERS ELIGIBLE FOR INTERVIEW

THIS HOUSEHOLD IS NOW CLASSIFIED A TYPE C NONINTERVIEW.

IF THIS IS INCORRECT, DO THE FOLLOWING:

IF THIS INFORMATION IS CORRECT, PRESS ENTER TO CLOSE OUT THE CASE.

---

End of Demographics Section

Labor Force, Part 1 Section

---

-LFINTRO-

These next questions are about your work activities during the last four months, from [reference month 1] 1st until today, as shown on the calendar.

SHOW FLASHCARD E

[List of reference months]

---

-MISSINW1-

ASK OR VERIFY

Were you living in this household when we conducted an interview in [reference month]?

- (1) Yes
- (2) No

---

-Q13A-

On [last interview date], were you living in one of the following types of situations? (Select one)

- (1) Outside of the United States
- (2) In a non-household setting
- (3) In a household where all adults were on active duty in the military
- (4) No-person was not living in either of these kinds of places

---

-OLDJOB-

Last time we recorded that you worked for [Employer name]. Do you still work for [Employer name]?

- (1) Yes
- (2) No
- (N) Never had that job

---

-LEAVJ-

When did you leave that job?

If the respondent left the job before [reference month 1+] of the reference period, enter a (B).

Month: \_\_\_\_\_

Day: \_\_\_\_\_

---

-W2ENDJMTH-

What is your best estimate of the month when you ended employment with [Employer name]?

If the respondent left the job before [month 1] of the reference period, enter a (B).

MONTH \_\_\_\_\_

---

-W2ENDJDY-

What is your best estimate of the day of the month when you ended employment with [Employer Name]?

DAY \_\_\_\_\_

---

-W2RSEND-

What is the main reason you stopped working for Employer name?

- (1) On Layoff
- (2) Retirement or old age
- (3) Childcare problems
- (4) Other family/personal obligations
- (5) Own Illness
- (6) Own Injury
- (7) School/Training
- (8) Discharged/Fired
- (9) Employer Bankrupt
- (10) Employer sold business
- (11) Job was temporary and ended
- (12) Quit to take another job
- (13) Slack work or business conditions
- (14) Unsatisfactory work arrangements (hours, pay, etc.)
- (15) Quit for some other reason

---

-W2WCYN1-

Between [reference month 1+] 1st and today, did you receive any money from workers' compensation as a result of any kind of job-related injury or illness from this job or any other job?

- (1) Yes
- (2) No

---

-W2UECYN1-

Between [reference month 1+] 1st and today, did you receive any type of unemployment payments related to this job or any other job?

- (1) Yes
- (2) No

---

-W2UECYNTP1-

What type was it?  
ENTER (N) FOR NO MORE

- (1) Regular
- (2) Supplemental
- (3) Other, including union benefits

---

-OLDBUS-

Last time we recorded that you had the business [name of business]. Do you still have that business?

- (1) Yes
- (2) No
- (N) Never had that business

---

-LEAVB-

When did you give up that business?

If the respondent left business before [reference month 1+] of the reference period, enter a (B).

Month: \_\_\_\_\_  
Day: \_\_\_\_\_

---

-W2ENDBMTH-

What is your best estimate of the last month when you were self-employed in this business, professional practice, or farm?

If the respondent left business job before [month 1] of the reference period, enter a (B).

MONTH \_\_\_\_\_

---

-W2ENDBDY-

What is your best estimate of the last day when you were self-employed in this business, professional practice, or farm?

DAY \_\_\_\_\_

---

-W2RENDDB-

(BUSINESS = [Business name])

What is the main reason you gave up or ended this business (professional practice or farm)?

- (1) Retirement or old age
- (2) Childcare Problems
- (3) Other Family/Personal Problems
- (4) Own Illness
- (5) Own Injury
- (6) School/Training
- (7) Went Bankrupt/Business Failed
- (8) Sold Business or Transferred Ownership
- (9) To start other business/take job
- (10) Season ended for a Seasonal Business
- (11) Quit for Some Other Reason

---

-W2OENDB-

ENTER THE SPECIFIC "OTHER" REASON ENDED BUSINESS

---

-W2WCYN2-

Between [reference month 1+] 1st and today, did you receive any money from workers' compensation as a result of any kind of job-related injury or illness?

- (1) Yes
- (2) No

---

-W2PDJBTHN-

In addition to your work with ... (READ LIST ABOVE), did you have at least one other paid job, either full or part time, at any time between [reference month 1] 1st and today?

- (1) Yes
- (2) No
- (3) Not sure or Don't know

---

-W2NOPDJB-

Did you do any other work at all that earned some money?

- (1) Yes
- (2) No

---

-W2JBORSE-

Was that additional work for an employer or were you self-employed at it or both?

- (1) Employer
- (2) Self-Employed
- (3) Both
- (4) Not Sure or Don't know

---

-W2UNPAID-

Did you do any unpaid work in a family business or farm?

- (1) Yes
- (2) No

---

-W2EMPNUM-

How many employers did you have between [reference month 1] 1st and today?

---

-PDJBTHN-

Did you have at least one paid job, either full or part time, at anytime between [reference month 1] 1st and today?

- (1) Yes
- (2) No

---

-NOPDJB-

Did you do any work at all that earned some money?

- (1) Yes
- (2) No

---

-JBORSE-

Was that for an employer or were you self-employed or did you have some other arrangement?

(INTERVIEWER NOTE: Other arrangements include odd jobs, on-call work, day labor, one-time jobs, and informal arrangements like babysitting, lawn mowing, or leaf raking for neighbors.)

- (1) Employer
- (2) Self-Employed
- (3) Both
- (4) Some other arrangement
- (5) Not Sure or Don't know

---

-UNPAID-

Did you do any unpaid work in a family business or farm?

- (1) Yes
- (2) No

---

-NOWRK-

What is the main reason you did not work at a job or business between [reference month 1] 1st and today?

- (1) Temporarily unable to work because of an injury
- (2) Temporarily unable to work because of an illness
- (3) Unable to work because of chronic health condition or disability
- (4) Retired
- (5) Pregnancy/childbirth
- (6) Taking care of children/other persons
- (7) Going to school
- (8) Unable to find work
- (9) On layoff (temporary or indefinite)
- (10) Not interested in working at a job
- (11) Other

---

-ONOWRK-

ENTER THE SPECIFIC "OTHER" REASON DID NOT WORK

---

-WCYN3-

Between [reference month 1] 1st and today, did you receive any money from workers' compensation as a result of any kind of job-related injury or illness?

- (1) Yes
- (2) No

---

-UECYN3-

Between [reference month 1] 1st and today, did you receive any type of unemployment payments?

- (1) Yes
- (2) No



---

-UECYNTP3-

What type was it?

ENTER (N) FOR NO MORE

- (1) State unemployment compensation
- (2) Supplemental unemployment benefits
- (3) Other (strike pay, union benefits, Trade Adjustment Act benefits, etc.)

---

-LAYOFF-

Did you spend any time on layoff from a job since [reference month 1] 1st?

- (1) Yes
- (2) No

---

-LAYDT-

When you were laid off, did your employer give you a date to return to work?

- (1) Yes
- (2) No

---

-LAY6M-

Were you given any indication that you would be recalled to work within 6 months of being laid off?

- (1) Yes
- (2) No

---

-LKWRK-

Did you spend any time looking for work since [reference month 1] 1st?

- (1) Yes
- (2) No

---

-WKSCLKG-

In which weeks were you not working?

ENTER THE NUMBERS BESIDE THE WEEKS, EVEN IF ONLY ONE DAY OF THAT WEEK WAS SPENT LOOKING OR ON LAYOFF.

ENTER (A) IF ALL WEEKS.

ENTER (N) AFTER LAST REPORTED WEEK

---

-TAKJOB-

Could you have started a job during any of those weeks if one had been offered or could you have returned to work if you had been recalled?

Could you have started a job during any of those weeks if one had been offered?

Could you have returned to work during any of those weeks if you had been recalled?

(1) Yes

(2) No

---

-NOTAKE-

Why was that?

(1) Waiting for a new job to begin

(2) Own temporary illness

(3) School

(4) Other

---

-EMPNUM-

How many employers did you have between [reference month 1] 1st and today?

---

-CONCHK1-

Did you have a definite arrangement with one or more employers to work on an ongoing basis?

(1) Yes

(2) No

(3) Not Sure or Don't Know

---

-EMPNUM2-

How many employers did you have between [reference month 1] 1st and today?

---

-EMPNUM2A-

How many employers did you have between [reference month 1] 1st and today?

Enter "N" for None.

---

-CONCHK2-

Did you have a definite arrangement with any of your employers to work on an ongoing basis?

- (1) Yes
- (2) No
- (3) Not Sure or Don't Know

---

-WRKTYPE-

Did you generally do the same type of work for your employers?

(READ IF NECESSARY: For example: construction work, private household work, sales, consulting.)

- (1) Yes
- (2) No

---

-EMPNAM-

What is the name of your employer?

---

-STRTJB-

Did you begin your employment with Employer name at some time between [reference month 1+] 1st and today?

- (1) Yes
- (2) No

---

-STRTREFP-

Please tell me the month and day you began.

MONTH: \_\_\_\_\_

DAY: \_\_\_\_\_

---

-STRTBEFR-

Please tell me the year you began.

YEAR: \_\_\_\_\_

---

-STRTMONJB-

And in what month was that?

MONTH: \_\_\_\_\_

---

-STRTJYR-

What is your BEST estimate of the year you began?

YEAR \_\_\_\_\_

---

-STRTJMTB-

What is your BEST estimate of the month you began?

MONTH \_\_\_\_\_

---

-STRTJDY-

What is your BEST estimate of the day of the month when you began?

DAY \_\_\_\_\_

---

-BEFORE-

Was it before [reference month 1+] 1st?

- (1) Yes
- (2) No

---

-STLEMP-

Do you still work for this employer?

- (1) Yes
- (2) No

---

-ENDJB-

When did your employment with [Employer name] end?

MONTH \_\_\_\_\_  
DAY \_\_\_\_\_

---

-ENDJMTH-

What is your best estimate of the month when you ended employment with [Employer name]?

MONTH \_\_\_\_\_

---

-ENDJDY-

What is your best estimate of the day of the month when you ended employment with [Employer name]?

DAY \_\_\_\_\_

---

-RSEND-

What is the main reason you stopped working for [Employer name]?

- (1) On Layoff
- (2) Retirement or old age
- (3) Childcare problems
- (4) Other family/personal obligations
- (5) Own Illness
- (6) Own Injury
- (7) School/Training
- (8) Discharged/Fired
- (9) Employer Bankrupt
- (10) Employer sold business
- (11) Job was temporary and ended
- (12) Quit to take another job
- (13) Slack work or business conditions
- (14) Unsatisfactory work arrangements (hours, pay, etc.)
- (15) Quit for some other reason

---

-WCYN1-

Between [reference month 1+] 1st and today, did you receive any money from workers' compensation as a result of any kind of job-related injury or illness from this job or any other job?

- (1) Yes
- (2) No

---

-UECYN1-

Between [reference month 1+] 1st and today, did you receive any type of unemployment payments related to this job or any other job?

- (1) Yes
- (2) No

---

-UECYNTP1-

What type was it?

ENTER (N) FOR NO MORE

- (1) Regular
- (2) Supplemental
- (3) Other, including union benefits

---

-W2ALLBUSNUM-

How many businesses did you have, alone or jointly, between [reference month 1] 1st and today?

FR NOTE: CONSIDER A PROFESSIONAL PRACTICE OR A FARM TO BE A BUSINESS.

---

-ALLBUSNUM-

How many businesses did you have, alone or jointly, between [reference month 1] 1st and today?

FR NOTE: CONSIDER A PROFESSIONAL PRACTICE OR A FARM TO BE A BUSINESS.

---

-ADVRTS-

Did you use paid advertising for any of these businesses?

- (1) Yes
- (2) No

---

-POB-

Did you maintain an office, store, or other place of business?

- (1) Yes
- (2) No

---

-CAPITAL-

Did you use specialized equipment for any of these businesses?

- (1) Yes
- (2) No

---

-ALLBUS-

What is the name of [business]?

---

-REALBIZ-

Did you take an active part in this business or did you own it as an investment only?

- (1) Active participant
- (2) Both participant and investment
- (3) Investment only

---

-STRTBUS-

Did you start [Business name] at some time between [reference month 1+] 1st and today?

- (1) Yes
- (2) No

---

-STRTBSRP-

Please tell me the month and day you started this business.

MONTH: \_\_\_\_\_  
DAY: \_\_\_\_\_

---

-STRTBSEF-

Please tell me the year you started this business.

YEAR: \_\_\_\_\_



---

-STRTMONBS-

And in what month was that?

MONTH: \_\_\_\_\_

---

-STRTBYS-

(BUSINESS = [Business name])

What is your BEST estimate of the year when you started this business?

YEAR \_\_\_\_\_

---

-STRTBMTH-

(BUSINESS = [Business name])

What is your BEST estimate of the month when you started this business?

MONTH \_\_\_\_\_

---

-STRTBDY-

(BUSINESS = [Business name])

What is your BEST estimate of the day of the month when you started this business?

DAY \_\_\_\_\_

---

-BEFORE2-

Was it before [reference month 1+] 1st?

(1) Yes

(2) No

---

-BIZNOW-

Do you still own this business?

(1) Yes

(2) No

---

-ENDBS-

When was the last day that you had this business?

MONTH \_\_\_\_\_

DAY \_\_\_\_\_

---

-ENDBMTH-

What is your best estimate of the last month when you were self-employed in this business (professional practice/farm)?

MONTH \_\_\_\_\_

---

-ENDBDY-

What is your best estimate of the last day when you were self-employed in this business (professional practice/farm)?

DAY \_\_\_\_\_

---

-RENDDB-

(BUSINESS = [Business name])

What is the main reason you gave up or ended this business (professional practice or farm)?

- (1) Retirement or old age
- (2) Childcare Problems
- (3) Other Family/Personal Problems
- (4) Own Illness
- (5) Own Injury
- (6) School/Training
- (7) Went Bankrupt/Business Failed
- (8) Sold Business or Transferred Ownership
- (9) To start other business/take job
- (10) Season ended for a Seasonal Business
- (11) Quit for Some Other Reason

---

-OENDB-

ENTER THE SPECIFIC "OTHER" REASON ENDED BUSINESS

---

-WCYN2-

Between [reference month 1+] 1st and today, did you receive any money from workers' compensation as a result of any kind of job-related injury or illness?

- (1) Yes
- (2) No

---

-LNGJOB-

For which of these employers did you work the most hours between [reference month 1] 1st and today?

---

-LNGJOB2-

For which of these employers did you work the next most hours between [reference month 1] 1st and today?

---

-INTRJ-

The next questions refer to your employment with Employer name.

PRESS ENTER TO CONTINUE

---

-JBDTY-

(EMPLOYER = Employer name)

Did your main activities or duties on the job with Employer name change between [reference month 1+] 1st and the time you left the job?

- (1) Yes
  - (2) No
- 

-JBDUTY-

(EMPLOYER = Employer name)

Have your main activities or duties on the job with Employer name changed since [reference month 1+]?

- (1) Yes
  - (2) No
- 

-CLWRK-

ASK OR VERIFY

Employer name:

- (1) A Government organization (includes Armed Forces)
- (2) A Private, For Profit, Company
- (3) A Non-Profit Organization, including tax exempt and charitable organizations
- (4) A family business or farm

---

-FAMWRK-

Were you paid for your work in the family business or farm?

- (1) Yes
- (2) No

---

-KINDG-

(EMPLOYER = Employer name)

ASK OR VERIFY

Is that Federal Government, State Government, or Local Government or active-duty Armed Forces?

- (1) Federal (civilian only)
- (2) State
- (3) Local (County, City, Township)
- (4) Armed Forces (active duty only)

---

-FNCGV-

(EMPLOYER = Employer name)

What was the main function or activity of the government organization that you worked for?

---

-KNDIN-

(EMPLOYER = Employer name)

What kind of industry was this?

---

-TYPIN-

(EMPLOYER = Employer name)

ASK OR VERIFY

Was it mainly --

- (1) Manufacturing
- (2) Wholesale Trade
- (3) Retail Trade
- (4) Service
- (5) Or Something Else?

---

-KNDWK-

(EMPLOYER = Employer name)

What kind of work did you do, that is, what was your occupation?

READ IF NECESSARY: For example: Bookkeeper, plumber, press operator

---

-ACTVT-

(EMPLOYER = Employer name)

What were your usual activities or responsibilities?

READ IF NECESSARY: For example: Keeping account books, repairing pipes, operating printing press

---

-JOBHRS-

(EMPLOYER = Employer name)

During the weeks that you worked between [first week worked] and [last week worked], how many hours per week did you usually work at all jobs?

---

-PAYHR-

(EMPLOYER = Employer name)

Are you paid by the hour?

- (1) Yes
- (2) No

---

-PYRAT-

(EMPLOYER = Employer name)

What was your regular hourly pay rate ?

Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

---

-PYPER-

(EMPLOYER = Employer name)

How often were you paid?

(READ CATEGORIES IF NECESSARY)

- (1) Once a week
- (2) Once every 2 weeks
- (3) Once a month
- (4) Twice a month
- (5) Unpaid in a family business or farm
- (6) On commission
- (7) Some other way

---

-OTHPY-

(EMPLOYER = Employer name)

SPECIFY THE "OTHER" PAY PERIOD

---

-LSTPY-

(EMPLOYER = Employer name)

On what date were you last paid?

(N) Not yet paid

MONTH \_\_\_\_\_

DAY \_\_\_\_\_

---

-UNION-

(EMPLOYER = Employer name)

Were you a member of a labor union or employee association like a union?

(1) Yes

(2) No

---

-CNTRC-

(EMPLOYER = Employer name)

Were you covered by a union or employee association contract?

(1) Yes

(2) No



---

-EMPLOC-

(ASK IF NECESSARY)

Does [Employer name] operate in more than one location?

- (1) Yes
- (2) No

---

-EMPALL-

(ASK IF NECESSARY)

About how many persons are employed by [Employer name] at ALL LOCATIONS?

(READ CATEGORIES)

- (1) Under 25
- (2) 25 to 99
- (3) 100 to 499
- (4) 500 to 999
- (5) 1,000 or more

---

-EMPSIZE-

About how many persons are employed by [Employer name]?

(READ CATEGORIES IF NECESSARY)

- (1) Under 25
- (2) 25 to 99
- (3) 100 to 499
- (4) 500 to 999
- (5) 1,000 or more

---

-BIGBUS-

NOTE TO FR: ANSWERS ARE LIMITED TO THE BUSINESSES DISPLAYED BELOW WHICH WERE OPERATED DURING THE REFERENCE PERIOD.

I recorded that you had [# of] businesses between [reference month 1] 1st and the end of [reference month 4]. Which 2 of these businesses produced the highest earnings before expenses during this time period?

---

-INTRB-

The next questions refer to the business [Business name].

PRESS ENTER TO CONTINUE

---

-BSDTY-

(BUSINESS = [Business name])

Did your main activities or duties of this business change between [reference month 1+] 1st and the time you left the business?

- (1) Yes
- (2) No

---

-BSDUTY-

(BUSINESS = [Business name])

Have your main activities or duties for this business changed since [reference month 1+] 1st?

- (1) Yes
- (2) No

---

-KNDBS-

(BUSINESS = [Business name])

What kind of business was this?

READ IF NECESSARY: What did the business do or make?

---

-TYPBS-

(BUSINESS = [Business name])

ASK OR VERIFY

Was it mainly --

- (1) Manufacturing
- (2) Wholesale Trade
- (3) Retail Trade
- (4) Service
- (5) Or Something Else?

---

-OCCBS-

(BUSINESS = [Business name])

What kind of work did you do, that is, what was your occupation?

READ IF NECESSARY: For example: sales manager, dentist, farmer

---

-DUTYB-

(BUSINESS = [Business name])

What were your usual activities or duties in that position?

READ IF NECESSARY: For example: managing sales staff, repairing teeth, farming

---

-HRSBS-

(BUSINESS = [Business name])

During the weeks you worked between [first week worked] and [last week worked], how many hours per week did you usually work AT ALL ACTIVITIES for [Business name]?

---

-GRSSB-

(BUSINESS = [Business name])

Do you think the earnings before expenses from [Business name] were \$2500 or more?

- (1) Yes
- (2) No

---

-GROSB-

(BUSINESS = [Business name])

Do you think that the earnings before expenses from [Business name] will be \$2500 or more during the next 12 months?

- (1) Yes
- (2) No

---

-LSTBS-

BUSINESSES OWNED BY OTHER HOUSEHOLD MEMBERS

\*\* DO NOT READ TO RESPONDENT \*\*

Have questions about the number of employees, and whether or not the business is incorporated, already been answered by somebody for this business: [Business name]?

- (1) Yes
- (2) No

---

-EMPB-

(BUSINESS = [Business name])

Between [reference month 1] and [reference month 4], what was the maximum number of employees, including you, working for this business at any one time?

READ IF NECESSARY:

- (1) Under 25
- (2) 25 to 99
- (3) 100 to 499
- (4) 500 to 999
- (5) 1,000 or more

---

-INCPB-

(BUSINESS = [Business name])

Was this business incorporated?

- (1) Yes
- (2) No

---

-PROPB-

(BUSINESS = [Business name])

Did you own this business yourself or was it a partnership?

- (1) Alone
- (2) Partnership

---

-HPRTB-

(BUSINESS = [Business name])

Is any other member of this household an owner or partner in this business?

- (1) Yes
- (2) No

---

-PARTB-

(BUSINESS = [Business name])

Who is that?

(N) No More

---

-SLRYB-

(BUSINESS = [Business name])

Do you draw a regular salary from this business?

(1) Yes

(2) No

---

-OINCB-

(BUSINESS = [Business name])

Did you receive any income from this business between [reference month 1] 1st and the end of [reference month 4]?

(1) Yes

(2) No

---

-CONWКСWRK-

Please look at the calendar. In which weeks did you work at a job or business or do any work at all for pay or profit?

ENTER THE NUMBERS OF THE WEEKS

ENTER (A) IF ALL WEEKS

ENTER (N) FOR NONE/NO MORE WEEKS TO ENTER

---

-FPAWOP-

HAND RESPONDENT THE CALENDAR

Now, consider ALL your work during this period.

Between [reference month 1] 1st and the end of [reference month 4], were there any full weeks, Sunday through Saturday, when you did not work at all?

- (1) Yes
- (2) No

---

-FPAWAY-

Did you get paid for ALL those weeks you did not work?

- (1) Yes
- (2) No

---

-FPABWK-

Please look at the calendar. Which weeks were you absent the whole week without pay?  
ENTER THE NUMBERS OF THE WEEKS ABSENT  
ENTER (A) IF ALL WEEKS  
ENTER (N) AFTER LAST WEEK IS ENTERED

---

-FPABRE-

What was the main reason you were absent without pay during those weeks?

- (1) On layoff (temporary or indefinite)
- (2) Slack work or business conditions
- (3) Own injury
- (4) Own illness/medical problems
- (5) Pregnancy/childbirth
- (6) Taking care of children
- (7) On vacation/personal days
- (8) Bad weather
- (9) Labor dispute
- (10) New job to begin within 30 days
- (11) Participated in a job-sharing arrangement
- (12) Other

---

-FPOTHR-

ENTER THE SPECIFIC "OTHER" REASON ABSENT WITHOUT PAY

---

-WCYN4-

Did you receive any money from workers' compensation as a result of any kind of job-related injury or illness?

- (1) Yes
- (2) No

---

-UECYN4-

Did you receive any type of unemployment payments?

- (1) Yes
- (2) No

---

-UECYNTP4-

What type was it?

ENTER (N) FOR NO MORE

- (1) State unemployment compensation
- (2) Supplemental unemployment benefits
- (3) Other (strike pay, union benefits, Trade Adjustment Act benefits, etc)

---

-PPAWOP-

HAND RESPONDENT THE CALENDAR

Between [reference month 1] 1st and the end of [reference month 4], there were some weeks when you did not have a job or business, and some weeks when you did. During the weeks when you DID have one, were there any FULL weeks, Sunday through Saturday, when you did not work at all?

IF THE RESPONDENT NEEDS TO KNOW WHAT CALENDAR WEEKS TO CHOOSE FROM,  
READ THE RESPONDENT THE FOLLOWING WEEKS:

- (1) Yes
- (2) No



---

-PPAWAY-

Did you get paid for ALL those weeks you did not work?

- (1) Yes
- (2) No

---

-PPABWK-

Please look at the calendar. Which of these weeks were you absent the whole week without pay?

ENTER THE NUMBERS OF THE WEEKS ABSENT

ENTER (A) IF ALL WEEKS

ENTER (N) AFTER LAST WEEK IS ENTERED

---

-PPABRE-

What was the main reason you were absent without pay during those weeks?

- (1) On layoff (temporary or indefinite)
- (2) Slack work or business conditions
- (3) Own injury
- (4) Own illness/medical problems
- (5) Pregnancy/childbirth
- (6) Taking care of children
- (7) On vacation/personal days
- (8) Bad weather
- (9) Labor dispute
- (10) New job to begin within 30 days
- (11) Participated in a job-sharing arrangement
- (12) Other

---

-WCYN5-

Did you receive any money from workers' compensation as a result of any kind of job-related injury or illness?

- (1) Yes
- (2) No

---

-UECYN5-

Did you receive any type of unemployment payments?

- (1) Yes
- (2) No

---

-UECYNTP5-

What type was it?

ENTER (N) FOR NO MORE

- (1) State unemployment compensation
- (2) Supplemental unemployment benefits
- (3) Other (strike pay, union benefits, Trade Adjustment Act benefits, etc.)

---

-PPLOOK-

Now let's talk about the weeks between [reference month 1] 1st and the end of [reference month 4] when you did NOT have a job or a business.

During THOSE weeks, did you spend any time on layoff from a job?

IF THE RESPONDENT NEEDS TO KNOW WHAT CALENDAR WEEKS TO CHOOSE FROM, READ THE RESPONDENT THE FOLLOWING WEEKS:

- (1) Yes
- (2) No

---

-PPLAYDT-

When you were laid off, did your employer give you a date to return to work?

- (1) Yes
- (2) No

---

-PPLAY6M-

Were you given any indication that you would be recalled to work within 6 months of being laid off?

- (1) Yes
- (2) No

---

-PPLKWRK-

During the weeks when you did not have a job or business, did you spend any time looking for work?  
During those weeks did you spend any time looking for work?

- (1) Yes
- (2) No

---

-PPLKWK-

In which of those weeks were you looking for work?

ENTER THE NUMBERS BESIDE THE WEEKS, EVEN IF ONLY ONE DAY OF THAT WEEK  
WAS SPENT LOOKING OR ON LAYOFF.

ENTER (A) IF ALL WEEKS

ENTER (N) AFTER LAST REPORTED WEEK

[List of weeks not working]

---

-PPTAKJOB-

Could you have started a job during those weeks if one had been offered or could you have returned to  
work if you had been recalled?

Could you have started a job during any of those weeks if one had been offered?

Could you have returned to work during any of those weeks if you had been recalled?

- (1) Yes
- (2) No

---

-PPNOTAKE-

Why was that?

- (1) Waiting for a new job to begin
- (2) Own temporary illness
- (3) School
- (4) Other

---

-NOTHER-

ENTER THE SPECIFIC "OTHER" REASON COULD NOT TAKE JOB

---

-SOMWRK-

During the weeks that you did not have a job or a business, did you do any work at all that earned some money?

- (1) Yes
- (2) No

---

-MTHWRK-

In which of the months [reference month 1] through [reference month 4] did you do that work?

ENTER (1) BY MONTH IF WORKED

ENTER (0) BY MONTH IF NOT WORKED

[reference month 1]: \_\_\_\_

[reference month 2]: \_\_\_\_

[reference month 3]: \_\_\_\_

[reference month 4]: \_\_\_\_

---

-WCYN6-

Did you receive any money from workers' compensation as a result of any kind of job-related injury or illness?

- (1) Yes
- (2) No

---

-UECYN6-

Did you receive any type of unemployment payments?

- (1) Yes
- (2) No

---

-UECYNTP6-

What type was it?

ENTER (N) FOR NO MORE

- (1) State unemployment compensation
- (2) Supplemental unemployment benefits
- (3) Other (strike pay, union benefits, Trade Adjustment Act benefits, etc.)

---

-PTWRK-

Now consider all your work from your businesses during this period.

Were there any weeks when you worked less than 35 hours?

NOTE: INCLUDE HOURS WORKED AT ALL JOBS/BUSINESSES

- (1) Yes
- (2) No

---

-PTRESN-

I have recorded that there were weeks in which you worked less than 35 hours. What was the main reason you worked less than 35 hours in those weeks?

- (1) Could not find full-time job
- (2) Wanted to work part-time
- (3) Temporarily unable to work full-time because of injury
- (4) Temporarily unable to work full-time because of illness
- (5) Unable to work full-time because of chronic health condition/disability
- (6) Taking care of children/other persons
- (7) Full-time workweek is less than 35 hours
- (8) Slack work or material shortage
- (9) Participated in a job-sharing arrangement
- (10) On vacation
- (11) In school
- (12) Other

---

-PTRESNB-

What was the main reason you worked less than 35 hours in those weeks?

- (1) Could not find full-time job
- (2) Wanted to work part-time
- (3) Temporarily unable to work full-time because of injury
- (4) Temporarily unable to work full-time because of illness
- (5) Unable to work full-time because of chronic health condition/disability
- (6) Taking care of children/other persons
- (7) Full time workweek is less than 35 hours
- (8) Slack work or material shortage
- (9) Participated in a job-sharing arrangement
- (10) On vacation
- (11) In school
- (12) Other

---

-PTSPEC-

ENTER THE SPECIFIC "OTHER" REASON FOR PART TIME WORK

---

-SITNOWCT-

ASK OR VERIFY

Do you work at a job, a business, or something else to earn money NOW?

- (1) Yes
- (2) No
- (3) Not sure or Don't know

---

-SITNOW-

What best describes your situation now?

READ ALL ANSWERS

- (1) Looking for work
- (2) On layoff from a job
- (3) Waiting for a new job to begin
- (4) Retired
- (5) Taking care of home and family (including pregnancy)
- (6) In school
- (7) Not able to work because of illness or disability
- (8) Or something else?

---

-OTHSIT-

ENTER THE SPECIFIC "OTHER" SITUATION

---

-LAYEMP-

What is the name of the employer from which you are on layoff?

---

-DISABL-

Do you have a physical, mental or other health condition that limits the kind or amount of work you can do?

(1) Yes

(2) No

---

-DISPREV-

Does your health or condition prevent your from working at a job or business?

(1) Yes

(2) No

---

-EVERET-

Have you ever retired, for any reason, from a job or business?

(1) Yes

(2) No

---

-JOBSRCH-

At any time since [reference month 1] 1st, did social services or a welfare office provide job training, a Job Club, a job search program, or anything else to help you try to find a job?

(1) Yes

(2) No

---

---

-JOBTRAIN-

At any time since [reference month 1] 1st, did you attend schooling or training because social services or a welfare office paid for, referred, or sent you there?

(1) Yes

(2) No

---

End of Labor Force 1 Section



Labor Force, Part 2 Section

---

-PYRCV-

The next questions are about the income you received.

The questions ask about your gross income BEFORE any deductions for taxes, health insurance, and so on.

PRESS ENTER TO CONTINUE

---

-P1M4-

Each time you were paid by [Employer name] in [reference month 4], how much did you receive BEFORE deductions?

- (P) Proceed to enter one or more gross amounts for the month
- (C) Calculate - Respondent reports hourly wages and hours worked

ENTER GROSS AMOUNTS RECEIVED IN [reference month 4] OR (N) FOR NONE. (AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)

(S) Same as last amount entered

---

-FOLLOW4-

Is that the total for the month or the amount of a single payment?

- (1) Total for the month
- (2) Amount of a single payment

---

-MOREPAY4-

Please tell me the other payments you received in [reference month 4] from [Employer name].

ENTER (N) FOR NONE OR NO MORE.

---

-MTOT4VER-

NOTE TO INTERVIEWER - DO NOT READ

The total amount reported for [reference month 4], \$[Total], is unusually large.

If the amount is correct, enter P to proceed.

If the amount is incorrect, hit F1 to back up and correct it.

(P) Proceed

---

-CALC41-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC41VR-

That comes to \$[Total]. Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY41-

I have recorded that your earnings for [reference month 4] are: [reported earnings]

Did you receive any other pay in [reference month 4] from [Employer name]?

(1) Yes

(2) No

---

-CALC42-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC42VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER P TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY42-

I have recorded that your earnings for [reference month 4] are:

[reported earnings]

Did you receive any other pay in [reference month 4] from [Employer name]?

- (1) Yes
- (2) No

---

-CALC43-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC43VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY43-

I have recorded that your earnings for [reference month 4] are:

[reported earnings]

Did you receive any other pay in [reference month 4] from [Employer name]?

(1) Yes

(2) No

---

-CALC44-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC44VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY44-

I have recorded that your earnings for [reference month 4] are:

[reported earnings]

Did you receive any other pay in [reference month 4] from [Employer name]?

(1) Yes

(2) No

---

-CALC45-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC45VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-PAYTMS4-

(NOTE TO INTERVIEWER - DO NOT READ)

Based on the PAY PERIOD and the DATE LAST PAID, the respondent should have been paid [# of] times in [reference month 4].

Probe for additional payments.

If additional amounts are reported, back up (F1) to enter additional amounts.

If there are no additional amounts, enter P to proceed.

(P) Proceed

---

-ANAMT-

ENTER THE AMOUNT EARNED PER YEAR

---

-P1M3-

Each time you were paid by [Employer name] in [reference month 3], how much did you receive BEFORE deductions?

(P) Proceed to enter one or more gross amounts for the month

(C) Calculate - Respondent reports hourly wages and hours worked

ENTER GROSS AMOUNTS RECEIVED IN [reference month 3] OR (N) FOR NONE.  
(AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)

(S) Same as last amount entered

---

-FOLLOW3-

Is that the total for the month or the amount of a single payment?

(1) Total for the month

(2) Amount of a single payment

---

-MOREPAY3-

Please tell me the other payments you received in [reference month 3] from [Employer name].

ENTER (N) FOR NONE OR NO MORE.

---

-MTOT3VER-

NOTE TO INTERVIEWER - DO NOT READ

The total amount reported for [reference month 3], \$[Total], is unusually large.

If the amount is correct, enter P to proceed.

If the amount is incorrect, hit F1 to back up and correct it.

(P) Proceed

---

-CALC31-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC31VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed



---

-MORPAY31-

I have recorded that your earnings for [reference month 3] are:

[reported earnings]

Did you receive any other pay in [reference month 3] from [Employer name]?

(1) Yes

(2) No

---

-CALC32-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC32VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY32-

I have recorded that your earnings for [reference month 3] are:

[reported earnings]

Did you receive any other pay in [reference month 3] from [Employer name]?

- (1) Yes
- (2) No

---

-CALC33-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC33VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY33-

I have recorded that your earnings for [reference month 3] are:

[reported earnings]

Did you receive any other pay in [reference month 3] from [Employer name]?

(1) Yes

(2) No

---

-CALC34-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC34VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY34-

I have recorded that your earnings for [reference month 3] are:

[reported earnings]

Did you receive any other pay in [reference month 3] from [Employer name]?

(1) Yes

(2) No

---

-CALC35-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC35VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-PAYTMS3-

(NOTE TO INTERVIEWER - DO NOT READ)

Based on the PAY PERIOD and the DATE LAST PAID, the respondent should have been paid [# of] times in [reference month 3].

Probe for additional payments.

If additional amounts are reported, back up (F1) to enter additional amounts.

If there are no additional amounts, enter P to proceed.

(P) Proceed

---

-P1M2-

Each time you were paid by [Employer name] in [reference month 2], how much did you receive BEFORE deductions?

(P) Proceed to enter one or more gross amounts for the month

(C) Calculate - Respondent reports hourly wages and hours worked

ENTER GROSS AMOUNTS RECEIVED IN [reference month 2] OR (N) FOR NONE. (AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)

(S) Same as last amount entered

---

-FOLLOW2-

Is that the total for the month or the amount of a single payment?

(1) Total for the month

(2) Amount of a single payment

---

-MOREPAY2-

Please tell me the other payments you received in [reference month 2] from [Employer name].

ENTER (N) FOR NONE OR NO MORE.

---

-MTOT2VER-

NOTE TO INTERVIEWER - DO NOT READ

The total amount reported for [reference month 2], \$[Total], is unusually large.

If the amount is correct, enter P to proceed.

If the amount is incorrect, hit F1 to back up and correct it.

(P) Proceed

---

-CALC21-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC21VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY21-

I have recorded that your earnings for [reference month 2] are:

[reported earnings]

Did you receive any other pay in [reference month 2] from [Employer name]?

(1) Yes

(2) No

---

-CALC22-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC22VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY22-

I have recorded that your earnings for [reference month 2] are:

[reported earnings]

Did you receive any other pay in [reference month 2] from [Employer name]?

(1) Yes

(2) No

---

-CALC23-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC23VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed



---

-MORPAY23-

I have recorded that your earnings for [reference month 2] are:

[reported earnings]

Did you receive any other pay in [reference month 2] from [Employer name]?

(1) Yes

(2) No

---

-CALC24-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC24VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY24-

I have recorded that your earnings for [reference month 2] are:

[reported earnings]

Did you receive any other pay in [reference month 2] from [Employer name]?

- (1) Yes
- (2) No

---

-CALC25-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC25VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-PAYTMS2-

(NOTE TO INTERVIEWER - DO NOT READ)

Based on the PAY PERIOD and the DATE LAST PAID, the respondent should have been paid [# of] times in [reference month 2].

Probe for additional payments.

If additional amounts are reported, back up (F1) to enter additional amounts.

If there are no additional amounts, enter P to proceed.

(P) Proceed

---

-P1M1-

Each time you were paid by [Employer name] in [reference month 1], how much did you receive BEFORE deductions?

(P) Proceed to enter one or more gross amounts for the month

(C) Calculate - Respondent reports hourly wages and hours worked

ENTER GROSS AMOUNTS RECEIVED IN [reference month 1] OR (N) FOR NONE. (AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)

(S) Same as last amount entered

---

-FOLLOW1-

Is that the total for the month or the amount of a single payment?

(1) Total for the month

(2) Amount of a single payment

---

-MOREPAY1-

Please tell me the other payments you received in [reference month 1] from [Employer name].

ENTER (N) FOR NONE OR NO MORE.

---

-MTOT1VER-

NOTE TO INTERVIEWER - DO NOT READ

The total amount reported for [reference month 1], \$[Total], is unusually large.

If the amount is correct, enter P to proceed.

If the amount is incorrect, hit F1 to back up and correct it.

(P) Proceed

---

-CALC11-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC11VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY11-

I have recorded that your earnings for [reference month 1] are:

[reported earnings]

Did you receive any other pay in [reference month 1] from [Employer name]?

(1) Yes

(2) No

---

-CALC12-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC12VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY12-

I have recorded that your earnings for [reference month 1] are:

[reported earnings]

Did you receive any other pay in [reference month 1] from [Employer name]?

(1) Yes

(2) No

---

-CALC13-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC13VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY13-

I have recorded that your earnings for [reference month 1] are:

[reported earnings]

Did you receive any other pay in [reference month 1] from [Employer name]?

(1) Yes

(2) No

---

-CALC14-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC14VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

---

-MORPAY14-

I have recorded that your earnings for [reference month 1] are:

[reported earnings]

Did you receive any other pay in [reference month 1] from [Employer name]?

- (1) Yes
- (2) No

---

-CALC15-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE MONTH

(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: Dollars \_\_\_\_\_ and Cents \_\_\_\_\_

TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: \_\_\_\_\_

---

-CALC15VR-

That comes to \$[Total].

Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED

IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed



---

-PAYTMS1-

(NOTE TO INTERVIEWER - DO NOT READ)

Based on the PAY PERIOD and the DATE LAST PAID, the respondent should have been paid [# of] times in [reference month 1].

Probe for additional payments.

If additional amounts are reported, back up (F1) to enter additional amounts.

If there are no additional amounts, enter P to proceed.

(P) Proceed

---

-TAKEHOME-

Just to be sure -- were the amounts you gave me for [reference month 1] [reference month 2] [reference month 3] [reference month 4] your take-home pay, or were they your gross pay BEFORE any taxes and other deductions were taken out?

(1) Take-home pay (net, after deductions)

(2) Gross (total) pay (before deductions)

(3) Other

---

-GETGROSS-

This survey needs to get people's gross income amounts. Do you know your gross pay amounts?

(1) Yes

(2) No

---

-GETRECS-

Do you have records available, such as pay stubs, that would show the gross amounts?

(1) Yes

(2) No

---

-GROSSPAYM4-

What were the gross pay amounts in [reference month 4]?

ENTER (S) FOR SAME AMOUNT

ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s):    New Gross amount(s):

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

---

-ALLGROSSM4-

**\*\* DO NOT READ TO RESPONDENT \*\***

Are all amounts for [reference month 4] now GROSS amounts?

(1) Yes, all amounts are gross

(2) No, some net amounts remain

---

-GROSSPAYM3-

What were the gross pay amounts in [reference month 3]?

ENTER (S) FOR SAME AMOUNT

ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s):    New Gross amount(s):

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

---

-ALLGROSSM3-

\*\* DO NOT READ TO RESPONDENT \*\*

Are all amounts for [reference month 3] now GROSS amounts?

- (1) Yes, all amounts are gross
- (2) No, some net amounts remain

---

-GROSSPAYM2-

What were the gross pay amounts in [reference month 2]?

ENTER (S) FOR SAME AMOUNT  
ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s):    New Gross amount(s):

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

---

-ALLGROSSM2-

\*\* DO NOT READ TO RESPONDENT \*\*

Are all amounts for [reference month 2] now GROSS amounts?

- (1) Yes, all amounts are gross
- (2) No, some net amounts remain

---

-GROSSPAYM1-

What were the gross pay amounts in [reference month 1]?

ENTER (S) FOR SAME AMOUNT

ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s):    New Gross amount(s):

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

---

-ALLGROSSM1-

**\*\* DO NOT READ TO RESPONDENT \*\***

Are all amounts for [reference month 1] now GROSS amounts?

(1) Yes, all amounts are gross

(2) No, some net amounts remain

---

-CALLGROS-

If I were to call back later, would you be able to obtain a pay stub or some other record that shows your gross pay amounts?

(1) Yes

(2) No

---

-CBPY1-

It is very important that we collect information about income amounts that is as complete and accurate as possible. If I were to call back later, would you or someone else be able to provide me with this information?

(1) Yes

(2) No

---

-BM4-

The next few questions are about your income from: [Business name]

What was the total amount of income you received from [Business name] in the month of [reference month 4]?

(ENTER UP TO 5 SEPARATE AMOUNTS FOR THE MONTH)

(N) None/No more (S) Same as last amount entered

How much did you receive from [Business name] in [reference month 3]?

And in [reference month 2]?

And in [reference month 1]?

---

-CBB-

It is very important that we collect information about income amounts that is as complete and accurate as possible. If I were to call back later, would you or someone else be able to provide me with this information?

(1) Yes

(2) No

---

-LSTB-

(DO NOT READ TO RESPONDENT)

SEE BELOW FOR BUSINESSES OWNED BY OTHER HOUSEHOLD MEMBERS

Have you asked another person in this household about the net profit or loss from [Business name]?

(1) Yes

(2) No

---

-PRFTB-

For [Business name], what is your best estimate of the net profit or loss, that is, the difference between gross receipts and expenses, between [reference month 1] 1st and the end of [reference month 4]?

ENTER (P) FOR PROFIT OR (L) FOR LOSS AND THEN ENTER AMOUNT

ENTER (P),(1) IF BROKE EVEN

(1) (Profit or Loss)

(2) (Amount)

---

-MOONLITE-

You told me that between [reference month 1] and [reference month 4] you had some work in addition to the jobs/business whose income we just talked about. Did you receive any income from any additional work from [reference month 1] to [reference month 4]?

(1) Yes

(2) No

---

-MLM4-

(JOB/BUSINESS = additional work)

What was the total amount of income you received from this work in the month of [reference month 4]?

(ENTER UP TO 5 INDIVIDUAL AMOUNTS FOR THE MONTH)

(N) None/No more      (S) Same as last amount entered

What was it in [reference month 3]?

What was it in [reference month 2]?

What was it in [reference month 1]?

---

-LFREC-

**\*\* DO NOT READ TO RESPONDENT \*\***

Did the respondent use any records to answer any Labor Force Earnings questions?

(1) Yes

(2) No

---

End of Labor Force 2 Section

General Income, Part 1 Section

---

-OTHINT-

Now I will ask questions about receipt of income from various other sources.

PRESS ENTER TO CONTINUE

---

-LMPNOW-

Did you receive any severance pay or lump sum payments from a pension or retirement plan when you left your job(s)?

- (1) Yes
  - (2) No
- 

-LMPFUTR-

Do you ever expect to receive any such payments from that/these job(s)?

- (1) Yes
  - (2) No
- 

-LUMPTYP-

What type of payment?  
ENTER (N) FOR NONE/NO MORE

- (1) Lump sum from pension/retirement plan
- (2) Severance pay
- (3) Deferred payment(s) payable at some later date
- (4) Something else



---

-LMPELSE-

What kind of other payment was it?

---

-VAYN-

Excluding regular military retirement pay, insurance proceeds, and GI Bill benefits, did you receive any payments from the Department of Veterans Affairs (VA)?

- (1) Yes
- (2) No

---

-PWVAYN-

Last time we recorded that you received payments from the Department of Veterans Affairs (VA) other than regular military retirement pay, insurance proceeds and GI Bill benefits.

Did you receive any of those payments at anytime between [reference month 1] 1st and today?

- (1) Yes
- (2) No

---

-PWVAMTH-

In which month did you last receive those payments from the Veterans Administration?

- [List of months]
- (9) Other
  - (N) Never Received

---

-SSYN-

Did you receive any Social Security payments?

- (1) Yes
- (2) No

---

-SSCLDYN-

Did you receive any Social Security payments on behalf of:  
READ NAMES OF CHILDREN

(1) Yes          (2) No

Did you receive any Social Security payments for yourself?

(1) Yes          (2) No

---

-PWSSYN-

Last time I recorded that you received Social Security payments.

Did you receive any Social Security payments at any time between [reference month 1] 1st and today?

(1) Yes

(2) No

---

-PWSSCLDYN-

Last time I recorded that you received Social Security. At any time since [reference month 1] 1st, did you receive any Social Security payments especially for:

READ NAMES OF CHILDREN

(1) Yes          (2) No

Did you receive any Social Security payments for yourself?

(1) Yes          (2) No

---

-PWSSMTH-

In which month did you last receive payments from Social Security?

[List of months]

(9) Other

(N) Never Received

---

-SSIYN-

Did you receive any income from SSI, that is, a program called Supplemental Security Income?

- (1) Yes
- (2) No

---

-SSICLDYN-

Did you receive any Supplemental Security Income (SSI) for:  
READ NAMES OF CHILDREN

- (1) Yes
- (2) No

Did you receive any income from Supplemental Security Income (SSI) for yourself?

- (1) Yes
- (2) No

---

-PWSSIYN-

Last time I recorded that you received Supplemental Security Income (SSI) payments.

Did you receive any SSI payments at any time between [reference month 1] 1st and today?

- (1) Yes
- (2) No

---

-PWSSICLDYN-

Last time I recorded that you received Supplemental Security Income, or SSI. At any time since [month of last interview] 1st, did you receive any Supplemental Security Income (SSI) for:  
READ NAMES OF CHILDREN

- (1) Yes
- (2) No

Did you receive any income from Supplemental Security Income (SSI) for yourself?

- (1) Yes
- (2) No

---

-PWSSIMTH-

In which month did you last receive Supplemental Security Income payments?

[List of months]

(9) Other

(N) Never Received

---

-STSSIYN-

Did you also receive a SEPARATE SSI payment from the State or local welfare office?

(1) Yes

(2) No

---

-DSYN-

Earlier I recorded that you have a health condition which limits the kind or amount of work you can do.  
Did you receive any income because of your health condition?

(1) Yes

(2) No

---

-DSTYP-

What kind of income was that? Anything else?

ENTER (N) FOR NO MORE

(1) Workers' Compensation

(2) Payments from a sickness, accident, or disability insurance policy purchased on your own

(3) Employer disability payments

(4) Pension from company or union including income from profit-sharing plans

(5) Federal Civil Service or other Federal civilian employee pension

(6) State government pension

(7) Local government pension

(8) U.S. Military retirement pay exclude payments from the Department of Veterans Affairs (VA)

(9) U.S. Government Railroad Retirement

(10) Black Lung payments

(11) Other

---

-OTHRTYPE-

What was the specific "other" source of the income you received because of your health condition?

\_\_\_\_\_

---

-PWDSYN-

Last time we recorded that you received income because of a health condition or disability from the following source(s).

[List of income sources]

Did you receive income from any of these sources during the time period from [reference month 1] up to today?

(1) Yes

(2) No

Which ones?

(A) All sources listed

(N) None/No more

---

-DISREC1-

In which month did you last receive [disability income]?

[List of income]

(9) Other

(N) Never Received

---

-DISYR1-

When did you last receive [disability income]?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

---

-OTHDIS-

Did you receive income from any other source during this time period because of a health condition?

- (1) Yes
- (2) No

---

-ODISTYP-

What kind of income was that? Anything else?

(N) None/No more

- (1) Worker's Compensation
- (2) Payments from a sickness, accident, or disability insurance policy purchased on your own
- (3) Employer disability payments
- (4) Pension from company or union including income from profit-sharing plans
- (5) Federal Civil Service or other Federal civilian employee pension
- (6) State government pension
- (7) Local government pension
- (8) U.S. Military retirement pay excluding payments from the Department of Veterans Affairs (VA)
- (9) U.S. Government Railroad Retirement
- (10) Black Lung Payments
- (11) Other

---

-OTHRDIS-

What was the specific "other" source of the income you received because of your health condition?

\_\_\_\_\_

---

-RTYN-

Earlier I recorded that you retired from a previous job. Did you receive any retirement income?

- (1) Yes
- (2) No

---

-RTTYP-

What kind of income was that? Anything else?

ENTER (N) FOR NONE/NO MORE

- (1) Pension from company or union including income from profit-sharing plans
- (2) Federal Civil Service or other Federal civilian employee pension
- (3) State government pension
- (4) Local government pension
- (5) U.S. Military retirement pay exclude payments from the Department of Veterans Affairs (VA)
- (6) U.S. Government Railroad Retirement
- (7) National Guard or Reserve Forces retirement
- (8) Other

---

-RETOTHR-

What is the specific "other" source of the retirement income that you received.

\_\_\_\_\_

---

-LIFEYN-

Did you receive any REGULAR retirement income from a paid-up life insurance policy or any other annuities?

- (1) Yes
- (2) No

---

-PWRTYN-

Last time we recorded that you received retirement income from the following source(s).

[List of retirement income sources]

Did you receive income from any of these sources during the time period from [reference month 1] up to today?

- (1) Yes
- (2) No

Which ones?

- (A) All sources listed
- (N) None/No more

---

-RETREC1-

In which month did you last receive [retirement income]?

[List of months]

(9) Other

(N) Never Received

---

-RETYR1-

When did you last receive [retirement income]?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

---

-OTHRET-

Did you receive retirement income from any other source during this time period?

(1) Yes

(2) No

---

-ORETTYP-

What kind of income was that? Anything else?

(N) None/No more

(1) Pension from company or union including income from profit-sharing plans

(2) Federal Civil Service or other Federal civilian employee pension

(3) State government pension

(4) Local government pension

(5) U.S. Military retirement pay - exclude payments from the Department of Veterans Affairs (VA)

(6) U.S. Government Railroad Retirement

(7) National Guard or Reserve Forces retirement

(8) Other



---

-OTHRRET-

What was the specific "other" source of the retirement income you received?

\_\_\_\_\_

---

-SRYN-

Did you receive any income as a result of being a survivor?

- (1) Yes
- (2) No

---

-SRTYP-

What kind of income was that? Anything else?

ENTER (N) FOR NONE/NO MORE

- (1) Pension from company or union including income from profit-sharing plans
- (2) Veterans' compensation or pension
- (3) Federal Civil Service or other Federal civilian employee pension
- (4) U.S. Government Railroad Retirement
- (5) State government pension
- (6) Local government pension
- (7) Income from paid-up life insurance policies or annuities
- (8) U.S. Military retirement pay. Exclude payments from the Department of Veterans Affairs (VA)
- (9) Black Lung benefits
- (10) Worker's Compensation
- (11) Payments from estate or trust
- (12) National Guard or Reserve Forces retirement
- (13) Other

---

-SUROTH-

What was the specific "other" source of income you received as a survivor?

---

-PWSRYN-

Last time we recorded that you received income as a result of being a survivor from the following source(s).

[List of survivor income sources]

Did you receive income from any of these sources during the time period from [reference month 1] up to today?

(1) Yes            (2) No

Which ones?

(A) All sources listed

(N) None/No more

---

-SURREC1-

In which month did you last receive [survivor income]?

[List of months]

(9) Other

(N) Never Received

---

-SURYR1-

When did you last receive [survivor income]?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

---

-OTHSUR-

Did you receive income from any other source during this time period as a result of being a survivor?

(1) Yes

(2) No

---

-OSURTYP-

What kind of income was that? Anything else?

- (1) Pension from company or union including income from profit-sharing plans
- (2) Veterans' compensation or pension
- (3) Federal Civil Service or other Federal civilian employee pension
- (4) U.S. Government Railroad Retirement
- (5) State government pension
- (6) Local government pension
- (7) Income from paid-up life insurance policies or annuities
- (8) U.S. Military retirement pay. Exclude payments from the Department of Veterans Affairs (VA)
- (9) Black Lung benefits
- (10) Worker's Compensation
- (11) Payments from estate or trust
- (12) National Guard or Reserve Forces retirement
- (13) Other
- (N) None/No more

---

-SUROTHR-

What was the specific "other" source of income you received as a survivor?

\_\_\_\_\_

---

-FCCYN-

Did you receive any foster child care?

- (1) Yes
- (2) No

---

-PWFCYN-

Last time I recorded that you received Foster Child Care payments.

Did you receive any Foster Child Care payments at any time between [reference month 1] and today?

- (1) Yes
- (2) No

---

-PWFCMTH-

In which month did you last receive Foster Child Care payments?

[List of months]

(9) Other

(N) Never Received

---

-FCCYR1-

When did you last receive Foster Child Care payments?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

---

-CSAGREE-

Have support payments ever been court ordered or informally agreed to for [child's name]?

(1) Yes

(2) No

---

-CSYN-

Did you receive any kind of financial support payments from the child's other parent?

(1) Yes

(2) No

---

-PWCSYN-

Last time I recorded that you received Child Support payments.

Did you receive any Child Support payments at any time between [reference month 1] and today?

(1) Yes

(2) No

---

-PWCSMTH-

In which month did you last receive Child Support payments?

[List of months]

(9) Other

(N) Never Received

---

-CSYR1-

When did you last receive Child Support payments?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

---

-ALIYN-

Did you receive any alimony payments?

(1) Yes

(2) No

---

-PWALIYN-

Last time I recorded that you received Alimony payments.

Did you receive any Alimony payments at any time between [reference month 1] and today?

(1) Yes

(2) No

---

-PWALIMTH-

In which month did you last receive Alimony payments?

[List of months]

(9) Other

(N) Never Received

---

-ALIYR1-

When did you last receive Alimony payments?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

---

-FSYN-

Were you authorized to receive food stamps?

(1) Yes

(2) No

---

-PWFSYN-

Last time I recorded that you were authorized to receive Food Stamps.

Did you receive any Food Stamps at any time between [reference month 1] and today?

(1) Yes

(2) No

---

-PWFSMTH-

In which month did you last receive Food Stamps?

[List of months]

(9) Other

(N) Never Received

---

-FSYR1-

When did you last receive Food Stamps?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

---

-WICYN-

Are you on WIC, the Womens, Infants, and Children's nutrition program?

(1) Yes

(2) No

---

-PWWICYN-

Last time I recorded that you were on WIC, the Womens, Infants, and Children's nutrition program.

Were you on WIC at any time between [reference month 1] and today?

(1) Yes

(2) No

---

-PWWICMTH-

In which month did you last receive WIC benefits?

[List of months]

(9) Other

(N) Never Received

---

-WICYR1-

When did you last receive WIC benefits?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

---

-PATYN-

Did you receive any government payments because your income was low, such as public assistance or welfare?

(1) Yes

(2) No

---

-PACHCK1-

How about any other kinds of government assistance, such as, gas vouchers, bus passes, or help registering, repairing, or insuring your car, reduced price child care services, or short-term cash assistance to tide you over?

- (1) Yes
- (2) No

---

-PACHCK2-

What did you receive?

MARK ALL THAT APPLY. ENTER (N) FOR NONE/NO MORE

- (1) Transportation assistance, including gas vouchers, bus passes, or help registering, repairing, or insuring a car
- (2) Child Care Services or Assistance
- (3) Any short-term cash assistance to tide you over when you needed it to help you stay off welfare; or for an emergency
- (4) Other assistance

---

-PATYP-

Did you receive:

READ ALL CATEGORIES. ENTER (N) FOR NONE/NO MORE

- (1) Public Assistance Payments-formerly known as AFDC or ADC
- (2) General Assistance or General Relief
- (3) Energy Assistance Program
- (4) Transportation Assistance, such as gas vouchers, bus passes, or help registering, repairing, or insuring a car?
- (5) Child Care Services or Assistance so you could go to work or school or training?
- (6) Any short-term cash assistance to tide you over when you needed it to help you stay off welfare; or for an emergency?
- (7) Any other assistance from the government ?



---

-PWADCYN-

Last time I recorded that you received public assistance payments formerly know as AFDC or ADC?

Did you receive any such assistance at any time between [reference month 1] and today?

NOTE FOR FR: DO NOT INCLUDE ANY ENERGY ASSISTANCE

(1) Yes

(2) No

---

-PWADCMTH-

In which month did you last receive AFDC?

[List of months]

(9) Other

(N) Never Received

---

-ADCYR1-

When did you last receive this assistance?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

---

-PWGAYN-

Last time I recorded that you received General Assistance.

Did you receive any General Assistance at any time between [reference month 1] and today?

(1) Yes

(2) No

---

-PWGAMTH-

In which month did you last receive General Assistance?

[List of months]

(9) Other

(N) Never Received

---

-GAYR1-

When did you last receive General Assistance?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

---

-PWEAYN-

Last time I recorded that you received Energy Assistance.

Did you receive any Energy Assistance at any time between [reference month 1] and today?

(1) Yes

(2) No

---

-PWEAMTH-

In which month did you last receive Energy Assistance?

[List of months]

(9) Other

(N) Never Received

---

-EAYR1-

When did you last receive Energy Assistance?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

---

-PATYP2-

Since [reference month 1] 1st, did you receive any other government payments because your income was low, such as:

ENTER (N) FOR NONE/NO MORE

- (4) Transportation Assistance, such as gas vouchers, bus passes, or help registering, repairing, or insuring a car?
- (5) Child Care Services or Assistance so you could go to work or school or training?
- (6) Any short-term cash assistance to tide you over when you needed it to help you stay off welfare; or for an emergency?
- (7) Any other assistance from the government ?

---

-PAOTHR-

What was the specific "other" source of public assistance income?

\_\_\_\_\_

---

-PSSTHRU-

Did you receive ANY child support as a bonus or pass thru from a public assistance agency?

- (1) Yes
- (2) No

---

-PWPSYN-

Last time I recorded that you received child support as a bonus or pass thru from a public assistance agency?

Did you receive any Pass Thru Child Support payments of this type at any time between [reference month 1] and today?

- (1) Yes
- (2) No

---

-PWPSMTH-

In which month did you last receive pass thru child support payments?

[List of months]

(9) Other

(N) Never Received

---

-PSYR1-

When did you last receive pass thru child support payments?

MONTH: \_\_\_\_\_

YEAR: \_\_\_\_\_

---

-NOINC-

Did you receive any non-job income from some source we have not covered, such as financial help from someone outside this household, payments from the government, or anything else?

(1) Yes

(2) No

---

-INCLIST-

I have recorded that, between [reference month 1] 1st and today, you had the following sources of non-job income:

(READ NAMES OF INCOME SOURCES)

PRESS "SHIFT-F6" TO ACCESS INCOME SOURCES LISTED IN BOX BELOW. PRESS "SHIFT-F6" AGAIN TO RETURN TO THIS POINT.

Have I listed anything that SHOULD NOT be there?

(1) Yes

(2) No

---

-ERRSRC-

Which of these?

(N) None/No more

---

-ANYOTH-

Did you receive income from any source, such as financial help from someone outside the household, payments from the government, or any other program income?

NOTE TO FR: DO NOT ANSWER 'YES' FOR ANY TYPES OF ASSET-BASED INCOME, WHICH WILL BE COVERED IN THE NEXT SECTION.

(1) Yes

(2) No

---

-OTHSRCE-

PRESS "SHIFT-F6" TO ACCESS INCOME SOURCES LISTED IN BOX BELOW. PRESS "SHIFT-F6" AGAIN TO RETURN TO THIS POINT.

What kind of income did you receive?

ENTER NUMERIC CODE OF INCOME SOURCE REPORTED

ANYTHING ELSE?

(N) None/No more

---

-COMSERV-

At any time since [reference month 1] 1ST, did the welfare or social services office have you do any community service, work in an unpaid job, or do any other work-related or job-training activities?

(1) Yes

(2) No

---

-COMTYP-

Did you do community service, work in an unpaid job, or do some other kind of job-training activity?

- (1) Community service or an unpaid job
- (2) Some other kind of job-training activity

---

-COMOTH-

What kind of job-training activity did you do?

\_\_\_\_\_

---

End of General Income Part 1 Section

General Income, Part 2-A Section

---

-AMTS-

Earlier I recorded that you received the following:

[List of income sources]

PRESS ENTER TO CONTINUE

---

-RESNSS-

What is the reason you are getting

[List of income sources]

Any other reason?

READ ALL CATEGORIES AND SELECT THE MOST APPROPRIATE

ENTER (N) IF NO SECOND REASON

(1) Retired?

(2) Disabled?

(3) Widowed or surviving child?

(4) Spouse or dependent child?

(5) Some other reason?

---

-AGESS-

At what age did you begin receiving [List of income sources] because of your disability?

(REPORT AGE IN YEARS)

AGE: \_\_\_\_\_

---

-JNTSSYN-

Did you receive [List of income sources] jointly with your spouse?

(1) Yes

(2) No

---

-DIRECT-

Does your payment come in the mail or is it direct deposited into an account?

- (1) Comes in the mail
- (2) Direct deposited

---

-COLSS-

SHOW FLASHCARD G

Please look at this flashcard and tell me which color ENVELOPE your check comes in.

- (1) Blue
- (2) Buff
- (4) Other

---

-WHENSS-

Are your payments usually deposited on the first of the month or the third?

- (1) First
- (2) Third
- (3) Other

---

-VETTYP-

What type of Veterans payments did you receive?

- (1) Service-connected disability compensation
- (2) Survivor Benefits
- (3) Veteran's Pension
- (4) Other Veteran's Payments

---

-VAQUES-

Are you required to fill out an annual income questionnaire in order to receive a VA pension?

- (1) Yes
- (2) No



---

-AFSRVDIE-

Earlier I recorded that you received income as a survivor.

Did your late spouse die while in the service or from a service-related injury?

(1) Yes

(2) No

---

-AFDCMTH-

Have you received any public assistance payments so far in [current month]?

(1) Yes

(2) No

In [reference month 4]?

In [reference month 3]?

In [reference month 2]?

In [reference month 1]?

---

-YSTOP21-

What set of circumstances caused you to stop receiving [List of assistance] in [reference month 4]?

(1) Became ineligible because of increased income

(2) Became ineligible because of family changes(family member left, over age limit, etc.)

(3) Still eligible but could not/chose not to collect

(4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)

(5) Eligibility ran out because of time limits

(6) Other, specify

---

-OTHSPS21-

What reason was that?

\_\_\_\_\_

---

-YBEG21-

What set of circumstances led you to apply for [List of assistance] in [reference month 4]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRBYB21-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTHSPB21-

What reason was that?

\_\_\_\_\_

---

-YSTOP22-

What set of circumstances caused you to stop receiving [List of assistance] in [reference month 3]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

---

-OTHSPS22-

What reason was that?

\_\_\_\_\_

---

-YBEG22-

What set of circumstances led you to apply for [List of assistance] in [reference month 3]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRBYB22-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTHSPB22-

What reason was that?

\_\_\_\_\_

---

-YSTOP23-

What set of circumstances caused you to stop receiving [List of assistance] in [reference month 2]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

---

-OTHSPS23-

What reason was that?

\_\_\_\_\_

---

-YBEG23-

What set of circumstances led you to apply for [List of assistance] in [reference month 2]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRBYB23-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTHSPB23-

What reason was that?

\_\_\_\_\_

---

-YBEG220-

What set of circumstances led you to apply for [List of assistance] in [reference month 1]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRBYB220-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTHSP220-

What reason was that?

\_\_\_\_\_

---

-ADCAMT15-

How much did you receive from Public Assistance Payments not including food stamps --

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

---

-CHCK4-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-CHCK3-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-CHCK2-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-CHCK1-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-AFDCAMT4-

How much did you receive from Public Assistance Payments in [reference month 4]?

ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

---

-BIGINC4-

NOTE TO FR -----THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

PRESS (1) TO BACK UP AND CORRECT IT IF IT IS IN ERROR OR (P) TO PROCEED.

(1) BACKUP AND CORRECT

(P) Proceed

---

-CSAGCY4-

How much child support was collected by the agency in your behalf in [reference month 4]?

(N) None

---

-PASSAMT4-

How much pass through child support payment did you receive in [reference month 4]?

(N) None

---

-AFDCAMT3-

How much did you receive from Public Assistance Payments in [reference month 3]?  
ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

---

-BIGINC3-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

PRESS (1) TO BACK UP AND CORRECT IT IF IT IS IN ERROR OR (P) TO PROCEED.

(1) BACKUP AND CORRECT

(P) Proceed



---

-CSAGCY3-

How much child support was collected by the agency in your behalf in [reference month 3]?

(N) None

---

-PASSAMT3-

How much pass through child support payment did you receive in [reference month 3]?

(N) None

---

-AFDCAMT2-

How much did you receive from Public Assistance Payments in [reference month 2]?

ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

---

-BIGINC2-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

PRESS (1) TO BACK UP AND CORRECT IT IF IT IS IN ERROR OR (P) TO PROCEED.

(1) BACKUP AND CORRECT

(P) Proceed

---

-CSAGCY2-

How much child support was collected by the agency in your behalf in [reference month 2]?

(N) None

---

-PASSAMT2-

How much pass through child support payment did you receive in [reference month 2]?

(N) None

---

-AFDCAMT1-

How much did you receive from Public Assistance Payments in [reference month 1]?  
ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

---

-BIGINC1-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

PRESS (1) TO BACK UP AND CORRECT IT IF IT IS IN ERROR OR (P) TO PROCEED.

(1) BACKUP AND CORRECT

(P) Proceed

---

-CSAGCY1-

How much child support was collected by the agency in your behalf in [reference month 1]?

(N) None

---

-PASSAMT1-

How much of pass through child support payment did you receive in [reference month 1]?

(N) None

---

-KIDONLY-

Did you public assistance payments cover the adults and children in the household or just the children?

(1) Adults and children

(2) Children only

---

-AFDCCOV-

Who did your Public Assistance payment cover?  
ENTER LINE NUMBER OF PERSON COVERED  
ENTER (N) FOR NO ONE/NO MORE  
ENTER (A) FOR ALL

---

-WICMNTN-

Have you received any WIC in [current month]?

- (1) Yes
- (2) No

In [reference month 4]?

In [reference month 3]?

In [reference month 2]?

In [reference month 1]?

---

-WYSTOP21-

What set of circumstances caused you to stop receiving [List of assistance] in [reference month 4]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

---

-OTHSWS21-

What reason was that?

\_\_\_\_\_

---

-WYBEG21-

What set of circumstances led you to apply for [List of assistance] in [reference month 4]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRBWB21-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTHSWB21-

What reason was that?

\_\_\_\_\_

---

-WYSTOP22-

What set of circumstances caused you to stop receiving [List of assistance] in [reference month 3]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

---

-OTHSWS22-

What reason was that?

\_\_\_\_\_

---

-WYBEG22-

What set of circumstances led you to apply for [List of assistance] in [reference month 3]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRBWB22-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTHSWB22-

What reason was that?

\_\_\_\_\_

---

-WYSTOP23-

What set of circumstances caused you to stop receiving [List of assistance] in [reference month 2]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

---

-OTHSWS23-

What reason was that?

\_\_\_\_\_

---

-WYBEG23-

What set of circumstances led you to apply for [List of assistance] in [reference month 2]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRBWB23-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTHSWB23-

What reason was that?

\_\_\_\_\_

---

-WYBEG220-

What set of circumstances led you to apply for [List of assistance] in [reference month 1]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRWYB220-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTSPW220-

What reason was that?

\_\_\_\_\_

---

-WICPER-

Who does WIC cover in this household?

ENTER LINE NUMBER OF PERSON COVERED

ENTER (N) FOR NO ONE/NO MORE

ENTER (A) FOR ALL

---

-FSMTHYN-

Did you receive Food Stamps in [current month]?

- (1) Yes
- (2) No

In [reference month 4]?

In [reference month 3]?

In [reference month 2]?

In [reference month 1]?

---

-FYSTOP21-

What set of circumstances caused you to stop receiving [List of assistance] in [reference month 4]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

---

-OTHSFS21-

What reason was that?

\_\_\_\_\_



---

-FYBEG21-

What set of circumstances led you to apply for [List of assistance] in [reference month 4]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRBFB21-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTHSFB21-

What reason was that?

\_\_\_\_\_

---

-FYSTOP22-

What set of circumstances caused you to stop receiving [List of assistance] in [reference month 3]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

---

-OTHSFS22-

What reason was that?

\_\_\_\_\_

---

-FYBEG22-

What set of circumstances led you to apply for [List of assistance] in [reference month 3]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRBFB22-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTHSFB22-

What reason was that?

\_\_\_\_\_

---

-FYSTOP23-

What set of circumstances caused you to stop receiving [List of assistance] in [reference month 2]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

---

-OTHSFS23-

What reason was that?

\_\_\_\_\_

---

-FYBEG23-

What set of circumstances led you to apply for [List of assistance] in [reference month 2]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRBFB23-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTHSFB23-

What reason was that?

\_\_\_\_\_

---

-FYBEG220-

What set of circumstances led you to apply for [List of assistance] in [reference month 1]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRFYB220-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTSPF220-

What reason was that?

\_\_\_\_\_

---

End of General Income Part 2-A Section

General Income, Part 2-B Section

---

-FSAMT15-

What was the amount of Food Stamps you received in:

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT

[reference month 4] \_\_\_\_

[reference month 3] \_\_\_\_

[reference month 2] \_\_\_\_

[reference month 1] \_\_\_\_

---

-BIGFS4-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-BIGFS3-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-BIGFS2-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-BIGFS1-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-FSPER-

Who does your Food Stamps cover?

ENTER LINE NUMBER OF PERSON COVERED

ENTER (N) FOR NO ONE/NO MORE. ENTER (A) FOR ALL

---

-CSMTH-

Have you received any Child Support payments in [current month]?

(1) Yes

(2) No

In [reference month 4]?

In [reference month 3]?

In [reference month 2]?

In [reference month 1]?

---

-CSAMT15-

What was the amount of child support you received:

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

[reference month 4]? \_\_\_\_

[reference month 3]? \_\_\_\_

[reference month 2]? \_\_\_\_

[reference month 1]? \_\_\_\_

---

-BIGCS4-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-BIGCS3-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-BIGCS2-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-BIGCS1-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-MNTHYN-

Have you received any [List of assistance] in [current month]?

(1) Yes

(2) No

In [reference month 4]?

In [reference month 3]?

In [reference month 2]?

In [reference month 1]?

---

-MYSTOP21-

What set of circumstances caused you to stop receiving [List of assistance] in [reference month 4]?

(1) Became ineligible because of increased income

(2) Became ineligible because of family changes(family member left, over age limit, etc.)

(3) Still eligible but could not/chose not to collect

(4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)

(5) Eligibility ran out because of time limits

(6) Other, specify

---

-OTHSMS21-

What reason was that?

\_\_\_\_\_



---

-MYBEG21L-

What set of circumstances led you to apply for [List of assistance] in [reference month 4]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRBMYB21L-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-MYBEG21S-

What set of circumstances led you to apply for [List of assistance] in [reference month 4]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Became disabled/blind
- (3) Over 65
- (4) Other, specify

---

-PRBMB21S-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTHSMB21-

What reason was that?

\_\_\_\_\_

---

-MYSTOP22-

What set of circumstances caused you to stop receiving [List of assistance] in [reference month 3]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

---

-OTHSMS22-

What reason was that?

\_\_\_\_\_

---

-MYBEG22L-

What set of circumstances led you to apply for [List of assistance] in [reference month 3]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRBMYB22L-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-MYBEG22S-

What set of circumstances led you to apply for [List of assistance] in [reference month 3]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Became disabled/blind
- (3) Over 65
- (4) Other, specify

---

-PRBMB22S-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTHSMB22-

What reason was that?

\_\_\_\_\_

---

-MYSTOP23-

What set of circumstances caused you to stop receiving [List of assistance] in [reference month 2]?

- (1) Became ineligible because of increased income
- (2) Became ineligible because of family changes(family member left, over age limit, etc.)
- (3) Still eligible but could not/chose not to collect
- (4) Became ineligible because program requirements were not met (did not attend school, job training, etc.)
- (5) Eligibility ran out because of time limits
- (6) Other, specify

---

-OTHSMS23-

What reason was that?

\_\_\_\_\_

---

-MYBEG23L-

What set of circumstances led you to apply for [List of assistance] in [reference month 2]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRBMYB23L-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-MYBEG23S-

What set of circumstances led you to apply for [List of assistance] in [reference month 2]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Became disabled/blind
- (3) Over 65
- (4) Other, specify

---

-PRBMB23S-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTHSMB23-

What reason was that?

\_\_\_\_\_

---

-MYBEG220L-

What set of circumstances led you to apply for [List of assistance] in [reference month 1]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE  
NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT  
ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Pregnancy/birth of child
- (3) Began receiving for another dependent (e.g. grandchild)
- (4) Separated or divorced from spouse/partner
- (5) Loss of job/wages/other income (own or partner's)
- (6) Loss of other support income
- (7) Just learned about the program
- (8) Just got around to applying
- (9) Became disabled
- (10) Other, specify

---

-PRMYB220L-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-MYBEG220S-

What set of circumstances led you to apply for [List of assistance] in [reference month 1]? Anything else?

MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT

ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

- (1) Needed the money
- (2) Became disabled/blind
- (3) Over 65
- (4) Other, specify

---

-PRMYB220S-

THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON.

---

-OTSPM220-

What reason was that?

\_\_\_\_\_

---

-MNTHAMT15-

For each payment, please report the total amount. How much [List of assistance] did you receive?

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

[reference month 4] \_\_\_\_

[reference month 3] \_\_\_\_

[reference month 2] \_\_\_\_

[reference month 1] \_\_\_\_

---

-BIGAMT4-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-BIGAMT3-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-BIGAMT2-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-BIGAMT1-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-ROLLOVR1-

Did you re-invest or "roll over" any of the money into an IRA or some other kind of retirement plan?

(1) Yes

(2) No

---

-ROLLOVR2-

Do you plan to re-invest or "roll over" any of the money?

(1) Yes

(2) No



---

-ROLLAMT-

How much did you "roll over" into another RETIREMENT account?

ENTER (A) FOR ALL

---

-TMCOV-

Who did these [List of assistance] payments cover?

ENTER LINE NUMBER OF PERSON COVERED

ENTER (N) FOR NO ONE/NO MORE.

ENTER (A) FOR ALL

---

-KDMTHYN-

Were any [List of assistance] payments received for your children in [current month]?

(1) Yes

(2) No

In [reference month 4]?

In [reference month 3]?

In [reference month 2]?

In [reference month 1]?

---

-KIDAMT15-

For each payment, please report the total amount. How much [List of assistance] was received:

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

[reference month 4]

[reference month 3]

[reference month 2]

[reference month 1]

---

-BIGKAMT4-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-BIGKAMT3-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-BIGKAMT2-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-BIGKAMT1-

NOTE TO FR ----- THE AMOUNT ENTERED - [amount received] IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT

(P) Proceed

---

-SSKIDCOV-

Who did these [List of assistance] payments cover?

ENTER LINE NUMBER OF PERSON COVERED

ENTER (N) FOR NO ONE/NO MORE

ENTER (A) FOR ALL

---

-GINCRECUSE-

**\*\* DO NOT READ TO RESPONDENT \*\***

Did respondent use any records when reporting the amount of income received from:  
[List of income sources]

- (1) Yes
- (2) No

---

End of General Income Part 2-B Section

Assets, Part 1 Section

---

-ASSTINT-

These next questions are about assets that provide income.

PRESS "ENTER" TO CONTINUE

---

-A2-

During our last visit, we recorded that you owned, either alone or jointly, the following assets:  
[List of assets reported from last interview]

PRESS "ENTER" TO CONTINUE

---

-ASSET1-

During the period from [reference month 1] 1st through today, did you own, either alone or jointly, any of the following: (SHOW FLASHCARD F) READ EACH CATEGORY. ASSETS IN REVERSE VIDEO INDICATE OWNED IN PREVIOUS WAVE.

(1) Yes (2) No (N) No Assets

U.S. Government savings bonds, (E or EE)? \_\_\_\_\_

An IRA or Keogh account? \_\_\_\_\_

A 401K or thrift plan? \_\_\_\_\_

An interest earning checking account? \_\_\_\_\_

A savings account? \_\_\_\_\_

A money market deposit account? \_\_\_\_\_

A certificate of deposit (CD)? \_\_\_\_\_

Mutual funds? \_\_\_\_\_

Stocks? \_\_\_\_\_

Municipal or corporate bonds? \_\_\_\_\_

U.S. Government securities? \_\_\_\_\_

Mortgages from which payments are received? \_\_\_\_\_

Rental property? \_\_\_\_\_

Royalties? \_\_\_\_\_

Any other investments not already mentioned? \_\_\_\_\_

---

-OTHFIN-

Enter the "other financial investment"

\_\_\_\_\_

---

-ASETDRAW-

Have you received any lump sum or regular distribution payments from your [List of assets] since [reference month 1] 1ST?

- (1) Lump Sum
- (2) Regular Distributions
- (3) Both
- (4) No, no payments received

---

End of Assets Part 1 Section

Assets, Part 2 Section

---

-ASSTINTRO1-

Now I am going to ask about any interest earned from assets from [reference month 1] 1st to the end of [reference month 4].

PRESS "ENTER" TO CONTINUE

---

-JT-

Did you own your [Name of asset] jointly with your spouse?

(1) Yes

(2) No

---

-JTINT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

What is the total amount of interest earned on this/these jointly held [List of assets].

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-AJTINT-

ENTER THE INTEREST AMOUNT EARNED PER YEAR

\$ \_\_\_\_\_

---

-JTAMT-

What is the average amount that you and your spouse had in this/these jointly held [List of assets]?

\$ \_\_\_\_\_

---

-JCAT1B-

FR NOTE: ASSET IS [Name of asset]. Is it:

- (1) Less than \$500
- (2) \$500 to \$1,000
- (3) \$1,001 to \$5,000
- (4) More than \$5,000

---

-JCAT2B-

FR NOTE: ASSET IS [Name of asset]. Is it:

- (1) Less than \$1,000
- (2) \$1,000 to \$5,000
- (3) \$5,001 to \$10,000
- (4) More than \$10,000

---

-OAST-

Besides any [List of assets] owned jointly with your spouse, did you have any in your own name?

- (1) Yes
- (2) No

---

-OINT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

What is the total amount of interest you earned on your [List of assets]?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-AOINT-

ENTER THE INTEREST AMOUNT EARNED PER YEAR

\$ \_\_\_\_\_

---

-OAMT-

What is the average amount that you had in this/these [List of assets]?

\$ \_\_\_\_\_

---

-OCAT1B-

FR NOTE: ASSET IS [Name of asset]. Is it:

- (1) Less than \$500
- (2) \$500 to \$1,000
- (3) \$1,001 to \$5,000
- (4) More than \$5,000

---

-OCAT2B-

FR NOTE: ASSET IS [Name of asset]. Is it:

- (1) Less than \$1000
- (2) \$1,000 to \$5,000
- (3) \$5,001 to \$10,000
- (4) More than \$10,000

---

-CBINT-

If I were to call back later would you be able to provide me with the INTEREST amount earned from:  
[List of assets]

- (1) Yes
- (2) No



---

-ANYCHK-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

Earlier you told me you owned [Name of asset].

Did you receive any dividend checks?

(1) Yes

(2) No

---

-JTDIV-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much was received in dividend checks made out jointly to you and your spouse?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-AJTDIV-

ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

\$ \_\_\_\_\_

---

-ODIV-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much did you receive in dividend checks in your name only?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-AODIV-

ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

---

-OTHDIV-

Did you earn any dividends that were credited against a margin account or automatically reinvested?

(1) Yes

(2) No

---

-JAMTDV-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much of these kinds of dividends did you earn jointly with your spouse?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-AJAMTDV-

ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

\$ \_\_\_\_\_

---

-OAMTDV-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much of these kinds of dividends did you earn in your name only?

ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-AOAMTDV-

ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

\$ \_\_\_\_\_

---

-CBDIV-

If I were to call back later would you be able to provide me with the DIVIDEND amount earned from  
[List of assets]

(1) Yes

(2) No

---

-JNTRNT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

Earlier you told me that you owned some rental property. Did you receive any rental income from  
property owned jointly by you and your spouse?

(1) Yes

(2) No

---

-JARNT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much was received in gross rent from this property?

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-JACLR-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

What was your net income or loss after expenses?

(ENTER LOSS AS A NEGATIVE AMOUNT)

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-OWNRNT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

Did you receive rental income from property owned entirely in your own name?

(1) Yes

(2) No

---

-OARNT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much was received in gross rent from all properties?

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-OACLR-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

What was your net income or loss after expenses?

(ENTER LOSS AS A NEGATIVE AMOUNT)

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-JRNT2-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

Did you receive any rental income from property owned jointly with others?

(1) Yes

(2) No

---

-JACLR2-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

What was your share of the net income or loss after expenses on this property?

(ENTER LOSS AS A NEGATIVE AMOUNT)

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-MRTJNT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

Earlier you said you held a mortgage. Did you own this jointly with your spouse?

(1) Yes

(2) No

---

-MIJNT-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4])

How much interest was paid to you and your spouse by the borrower?

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-MRTOWN-

Did you hold any mortgages in your own name?

(1) Yes

(2) No

---

-MIOWN-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4]

How much interest was paid to you by the borrower?

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-RNDUP1-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4]

Earlier you said you had income from royalties. How much did you receive from these royalties? If income is shared, count only your share.

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-RNDUP2-

(REFERENCE PERIOD = [reference month 1] 1ST TO THE END OF [reference month 4]

Earlier you said that you had this/these investment(s): [List of assets]

How much did you receive from this/these investment(s)?

If income shared, count only your share.

(ENTER LOSS AS A NEGATIVE AMOUNT)

ENTER (N) FOR NONE/NO MORE

Total: \$ \_\_\_\_\_

---

-ASTRECUSE-

**\*\* DO NOT READ TO RESPONDENT \*\***

Did respondent use any records to answer any Asset questions?

(1) Yes

(2) No

---

End of Assets Part 2 Section

Health Insurance Section

---

-HLTHINT-

Now I'm going to ask you about health insurance.

PRESS "ENTER" TO CONTINUE

---

-MCARE-

(SHOW FLASHCARD H)

At any time between [reference month 1] 1st and today were you covered by Medicare?

(1) Yes

(2) No

---

-CARETHEN-

In which months were you covered by Medicare?

(1) Yes

(2) No

In this month?

In [reference month 4]?

In [reference month 3]?

In [reference month 2]?

In [reference month 1]?

---

-MCNUMB-

May I see your Medicare card to record the claim number and type of coverage?

FLASHCARD H PROVIDES EXAMPLES OF MEDICARE CARDS WHICH IS TO BE SHOWN TO THE RESPONDENT.

(N) Card Not Available

(A) Railroad Retirement Card (FR: DO NOT RECORD NUMBER)



---

-MCBACK-

If I were to call later would you be able to provide me with your Medicare number?

- (1) Yes
- (2) No

---

-CAIDNOW-

At any time between [reference month 1] 1st and the end of [reference month 4] were you covered by Medicaid?

- (1) Yes
- (2) No

---

-CAIDOTH-

At any time between [reference month 1] 1st and the end of [reference month 4] were you covered by any other public assistance program that pays for medical care?

- (1) Yes
- (2) No

---

-CAIDNM-

May I see your [Name of card] card to verify the name of the medical program?

NAMES OF CHILDREN COVERED MAY BE LISTED ON THE CARD OF THE PRIMARY RECIPIENT.

- (N) Card Not Available
- (1) Verified to be a [name of card] card

---

-KIDCOV-

How about your children-- Were \*\*\*READ NAME(S) LISTED BELOW\*\*\* covered by Medicaid or some other public assistance medical program at any time between [reference month 1] 1st and today?

- (1) Yes
- (2) No

---

-CAIDKIDS-

PARENT IS: [Parent's name]

Which children were covered by Medicaid?

ENTER "N" FOR NO MORE

---

-CDMNTH-

In which months were your children covered by Medicaid or some other public assistance program?

READ EACH ANSWER CATEGORY

(1) Yes

(2) No

In [current month]?

In [reference month 4]?

In [reference month 3]?

In [reference month 2]?

In [reference month 1]?

---

-HIVER-

Earlier I recorded that for some, or all, of the time from [reference month 1] 1st through today you were covered by a health insurance plan held in the name of [Name of policyholder].

Is that correct?

(1) Yes

(2) No

---

-H4MNTH-

Are you covered by any other health insurance?--READ EACH ANSWER CATEGORY

- (1) Yes            (2) No  
(N) NONE OF THESE MONTHS

In this month?

Were you covered--in [reference month 4]?

In [reference month 3]?

In [reference month 2]?

In [reference month 1]?

---

-CBHINS-

If I were to call back later would it be possible for me to get this information?

- (1) Yes  
(2) No

---

-HIOWN-

During any time from [reference month 1] 1st through today, did you also have health insurance in your own name?

- (1) Yes  
(2) No

---

-HIOWNER-

Is your health insurance coverage in your own name or are you covered as a family member on someone else's plan?

- (1) Plan in own name  
(2) Covered by someone else's plan  
(3) Both

---

-HIHOLDR-

Who had the health insurance plan that covered you?

ENTER THE LINE NUMBER OF THE PERSON

(N) No one currently living here

---

-HEMPLY-

Was the health insurance obtained through--

READ ANSWER CATEGORIES

- (1) Current employer or work
- (2) Former employer
- (3) Union
- (4) CHAMPUS
- (5) CHAMPVA
- (6) Military/VA health care
- (7) Privately purchased
- (8) Or in some other way

---

-HICOST-

Does [Answer from HEMPLY] pay all, part, or none of the premium of the plan?

- (1) All
- (2) Part
- (3) None

---

-HIPERS-

Other than you, who else was covered by this plan?

(ENTER LINE NUMBERS OF PERSONS COVERED)

ENTER "N" AFTER LAST LINE NUMBER IS ENTERED.

- (A) All household members
- (N) No one in the household/No more

---

-HIOTHR-

During the period from [reference month 1] 1st through the end of [reference month 4], did this plan also cover anyone who did NOT live in this household?

(1) Yes

(2) No

---

-HIWHO-

Who, OUTSIDE this household, did the plan cover?

ENTER "1" FOR EACH YES THAT APPLIES.

ENTER "2" FOR EACH NO THAT APPLIES.

Spouse/Partner

Children 18 years of age or older

Children under 18 years old

Others

---

-H1KDCOV-

Was your child covered by a health insurance plan at any time between [reference month 1] 1st and today?

(1) Yes

(2) No

---

-H2KDCOV-

Which children if any were covered by a health insurance plan at anytime between [reference month 1] 1st and today?

READ LIST OF CHILDREN'S NAMES DISPLAYED

ENTER APPROPRIATE LINE NUMBER OF EACH CHILD COVERED.

ENTER "N" FOR NONE OF THESE CHILDREN/NO MORE.

---

-HI1OUT-

Was your child covered by the health insurance plan of someone who does NOT currently live in the household?

- (1) Yes
- (2) No

---

-HI2OUT-

Which children if any were covered by the health insurance plan of someone who does NOT currently live in the household?

READ LIST OF CHILDREN'S NAMES DISPLAYED  
ENTER APPROPRIATE LINE NUMBER OF EACH CHILD COVERED BY  
SOMEONE OUTSIDE. ENTER "N" FOR NONE OF THESE CHILDREN/NO MORE.

---

-HINONE-

I recorded that you were NOT covered by any health insurance plan during the months of [Reference period months]

Which ONE OR MORE of these reasons describe why you were not covered?  
(SHOW FLASHCARD I.) ENTER "N" AFTER LAST ENTRY

- (1) Too expensive, can't afford health insurance
- (2) No health insurance offered by (employer of self, spouse, or parent)
- (3) Not working at a job long enough to qualify
- (4) Job layoff, job loss, or any reason related to unemployment
- (5) Not eligible because working part time or temporary job
- (6) Can't obtain insurance because of poor health, illness, age, or a pre-existing condition
- (7) Dissatisfied with previous insurance OR don't believe in insurance
- (8) Have been healthy, not much sickness in the family, haven't needed health insurance
- (9) Able to go to VA or military hospital for medical care
- (10) Covered by some other health plan, such as Medicaid
- (11) No longer covered by parents policy
- (12) Other

---

-HISPEC-

Specify the exact "OTHER" reason not covered by health insurance.

\_\_\_\_\_

---

End of Health Insurance Section

Programs Section

---

-MTHRNT-

Excluding any rent subsidies, how much do you pay in monthly rent?

(N) None

\$ \_\_\_\_\_

---

-MTHRNTCK-

FR NOTE:LAST WAVE, RENT REPORTED WAS \$[rent reported from last interview].  
(DO NOT PROVIDE AMOUNT UNLESS RESPONDENT ASKS.)

This is substantially different from the amount I recorded last time. Has there been a change in the monthly rent since last time?

(1) Yes

(2) No

---

-UTILYNCK2-

Last time I recorded you paid for utilities such as water, electricity, gas, or oil. Do you still pay for any utilities (EXCLUDE TELEPHONE)?

(1) Yes

(2) No

---

-UTILYN-

Does anyone not living here pay for any utilities such as water, electricity, gas, or oil? Exclude telephone.

(1) Yes

(2) No

---

-EGYASSYNCK2-

Last time I recorded this household was receiving energy assistance. Did you receive any energy assistance from [reference month 1] first to the end of [reference month 4]?

- (1) Yes
- (2) No

---

-EGYASSYN-

Has this household received any energy assistance from the Federal, state, or local government from [reference month 1] 1st to the end of [reference month 4]?

- (1) Yes
- (2) No

---

-EGYPAYMT-

Was this assistance received in the form of -

- (1) Checks sent to household
- (2) Coupons or vouchers sent to household
- (3) Payments sent directly to utility company, fuel dealer, or landlord

(MARK ALL THAT APPLY. ENTER "N" AFTER LAST ENTRY.)

---

-EGYAMT-

What was the total amount of the energy assistance received by this household from [reference month 1] first to the end of [reference month 4]?

---

-HOTLUNYN-

From [reference month 1] 1st to the end of [reference month 4], did your children usually get a lunch offered at school?

- (1) Yes
- (2) No



---

-WHOHOTLN-

From [reference month 1] first to the end of [reference month 4], which children usually got a lunch at school?

ENTER THE LINE NUMBER OF CHILDREN WHO GOT A LUNCH AT SCHOOL.  
ENTER (N) AFTER ENTERING LAST LINE NUMBER.

---

-FREELNYN-

(REFERENCE PERIOD = [reference month 1] first to the end of [reference month 4])

Were any of the lunches free or reduced price because these children qualified for the National School Lunch Program?

(1) Yes

(2) No

---

-FREREDLN-

(REFERENCE PERIOD = [reference month 1] first to the end of [reference month 4])

Were they free or reduced price?

(1) Free lunch

(2) Reduced-price lunch

---

-BRKFSTYN-

From [reference month 1] 1st to the end of [reference month 4] did your children usually get breakfast at school under the National School Breakfast Program?

(1) Yes

(2) No

---

-WHOBRK-

Which children usually got breakfast at school?

ENTER LINE NUMBER OF CHILDREN WHO GOT BREAKFAST AT SCHOOL.  
ENTER (N) AFTER ENTERING LAST LINE NUMBER

---

-FREEBRK-

(REFERENCE PERIOD = [reference month 1] first to the end of [reference month 4])

Were any of the breakfasts free or reduced-price?

(1) Yes

(2) No

---

-FREREDBK-

(REFERENCE PERIOD = [reference month 1] first to the end of [reference month 4])

Were they free or reduced price?

(1) Free breakfast

(2) Reduced-price breakfast

---

End of Programs Section

Education Section

---

-ENROLL-

Last time, I recorded that you were enrolled during the period from [previous wave reference period]. Were you enrolled in school, either full time or part time, during any of the months from [reference month 1] 1st to the end of [reference month 4]?

- (1) Yes
- (2) No

READ IF NECESSARY:

Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school beyond high school.

---

-FULLPART-

Were you enrolled full-time or part-time?

- (1) Full-time
- (2) Part-time

---

-NEWENRL-

Were you enrolled in school, either full-time or part-time, during any of the months [reference month 1] through [reference month 4]?

- (1) Yes
- (2) No

READ IF NECESSARY:

Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school beyond high school.

---

-NEWFULL-

Were you enrolled in school, either full time or part time, during any of the months [reference month 1] through [reference month 4]?

- (1) Yes
- (2) No

Were you enrolled full-time or part-time?

- (1) Full-time
- (2) Part-time

---

-MNTHENRL-

In which months were you enrolled in school?

Were you enrolled in:

- (1) Yes
- (2) No

[reference month 1] \_\_\_\_  
[reference month 2] \_\_\_\_  
[reference month 3] \_\_\_\_  
[reference month 4] \_\_\_\_

---

-OLDLVL-

Last time, I recorded that you were enrolled in [school or grade level].

Were you enrolled at that level during the period of [reference month 1] to [reference month 4]?

- (1) Yes
- (2) No

---

-NEWLVL-

At what level or grade were you enrolled? ("College year" indicates the level according to academic standing, not the number of years enrolled in college.)

- (1) Elementary grades 1-8
- (2) High School grades 9-12
- (3) College year 1 (Freshman)
- (4) College year 2 (Sophomore)
- (5) College year 3 (Junior)
- (6) College year 4 (Senior)
- (7) College year 5 (First year graduate or professional school)
- (8) College year 6+ (Second year or higher in graduate or professional school)
- (9) Vocational, technical, or business school beyond high school level
- (10) Enrolled in college, but not working towards degree

---

-EDCHCK1-

You said that you were ENROLLED in [school or grade level]

Earlier I recorded that the highest grade or level you COMPLETED was [education level from demographics]

Are both of these statements correct?

- (1) Yes, both statements are correct
- (2) Only COMPLETED statement is correct, ENROLLED statement should be changed
- (3) Only ENROLLED statement is correct, COMPLETED statement should be changed
- (4) Both the COMPLETED statement and the ENROLLED statement should be changed

---

-FXENRL-

At what level or grade were you enrolled? ("College year" indicates the level according to academic standing, not the number of years enrolled in college.)

- (1) Elementary grades 1-8
- (2) High School grades 9-12
- (3) College year 1 (Freshman)
- (4) College year 2 (Sophomore)
- (5) College year 3 (Junior)
- (6) College year 4 (Senior)
- (7) College year 5 (First year graduate or professional school)
- (8) College year 6+ (Second year or higher in graduate or professional school)
- (9) Vocational, technical, or business school beyond high school level
- (10) Enrolled in college, but not working towards degree

---

-FXEDUC-

What is the highest level of school you have completed or the highest degree you have received?

- (31) Less than 1st grade
- (32) 1st,2nd,3rd or 4th grade
- (33) 5th or 6th grade
- (34) 7th or 8th grade
- (35) 9th grade
- (36) 10th grade
- (37) 11th grade
- (38) 12th grade, no diploma
- (39) HIGH SCHOOL GRADUATE - high school DIPLOMA or equivalent (For example: GED)
- (40) Some college but no degree
- (41) Diploma or certificate from a vocational,technical, trade or business school beyond the High School level
- (42) Associate degree in college - Occupational/vocational program
- (43) Associate degree in college - Academic program
- (44) Bachelors degree (For example: BA, AB, BS)
- (45) Master's degree (For example:MA, MS, MEng, MEd, MSW, MBA)
- (46) Professional School Degree (For example: MD,DDS,DVM,LLB,JD)
- (47) Doctorate degree (For example: PhD, EdD)

---

-EDCHCK2-

Were you enrolled in a program working towards a degree?

- (1) Yes
- (2) No

---

-EDFUND-

Last time, I recorded that you paid tuition during the period [previous wave reference period].

Were any of your educational expenses during the period [reference month 1] 1st through the end of [reference month 4] paid for by any type of educational assistance or financial aid?

READ IF NECESSARY: Include financial assistance such as loans, grants, scholarships, employer assistance, veterans benefits, or any other type of financial aid?

- (1) Yes
- (2) No

---

-NEWFUND-

Were any of your educational expenses during the period [reference month 1] 1st through the end of [reference month 4] paid for by any type of educational assistance or financial aid such as loans, grants, scholarships, employer assistance, veterans benefits, or any other type of financial aid?

- (1) Yes
- (2) No

---

-EDASST-

Last time, I recorded that you received:  
[List of educational assistance]

During the period from [reference period from previous wave], did you still receive all of these types of aid OR did they change?

- (1) Yes, SAME types
- (2) No, CHANGE types

---

-NEWASST-

What kind of educational assistance did you receive during the period from [reference month 1] 1st to the end of [reference month 4]? Anything else?

(SHOW FLASHCARD J. ENTER ALL THAT APPLY. ENTER N AFTER LAST ENTRY.)

- (1) Federal PELL Grant
- (2) Assistance from the Department of Veteran's Affairs (VA) such as GI or Montgomery Bill, Survivors and Dependents, other Veterans' Administration Educational Assistance Programs.
- (3) College (or Federal) Work Study Program
- (4) Any other Federal grant or program; for example, SEOG, Health or Nursing Grant, ROTC, NSF Grant
- (5) A loan that has to be repaid, for example, Stafford, Perkins, or SLS
- (6) A grant, scholarship, or tuition remission from the school attended
- (7) A teaching or research assistantship from the school attended
- (8) A grant or scholarship from the state, such as SSIGP, Douglas Scholarships
- (9) A grant or scholarship from some other source, such as a foundation, corporation, or community group, National Merit Scholarship, etc.
- (10) Assistance provided by your employer
- (11) Aid from some other source (EXCLUDE all direct aid from parents, including trusts or college savings funds)

---

End of Education Section



Instrument Back Section

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-FIN-

This case is not completed.

PRESS F1 TO RETURN TO THE PREVIOUS SCREEN

OR

ENTER (X) TO EXIT THE INTERVIEW

---

-HHRECAP\_2-

During our last visit, we recorded the following information:

NAME ON ADVANCE LETTER: [Name of reference person from last interview]

BEST TIME TO CALL: [Time listed from last interview]

TELEPHONE NUMBER: [Telephone number from previous interview]

Is this information still correct?

(1) Yes

(2) No

---

-HHRECAP\_3-

FR INSTRUCTION: Enter the corrected information, or (S) for SAME if correct

Let me ask you: to whom should we mail our next advance letter?

NAME ON ADVANCE LETTER

Current listing: [or new name given]

FR: What is the best time to call you?

Current listing: [or BEST time given]

FR: What is your telephone number?

Current listing: [or new number given]

---

-CPRECAP1-

During our last visit, we recorded the following information about persons to contact if we couldn't reach you. You told us to contact:

CONTACT PERSON #1 NAME/ADDRESS: \_\_\_\_\_

CONTACT PERSON TELEPHONE #: [Contact person's phone number] EXT: \_\_\_\_

CONTACT PERSON #2 NAME/ADDRESS: \_\_\_\_\_

CONTACT PERSON TELEPHONE #: [Contact person's phone number] EXT: \_\_\_\_

(1) Change information for Contact Person #1

(2) Change information for Contact Person #2

(P) PROCEED - All information correct

---

-CPR1-

Enter name and address or (S) for SAME, if no change needed

Current name: \_\_\_\_\_

Relationship (Please indicate to whom this person is related): \_\_\_\_\_

Current address: \_\_\_\_\_

Current telephone: [Contact person's phone number] extension: \_\_\_\_

---

-CPR2-

Enter name and address or (S) for SAME, if no change needed

Current name: \_\_\_\_\_

Relationship (Please indicate to whom this person is related): \_\_\_\_\_

Current address: \_\_\_\_\_

Current telephone: [Contact person's phone number] extension: \_\_\_\_

---

-TELHHD-

Since households included in this survey are interviewed again in 4 months, we may attempt to conduct the followup interview by telephone.

Is there a telephone in this house/apartment?

- (1) Yes
- (2) No

---

-TELAVL-

Is there a telephone elsewhere on which people in this household can be contacted?

- (1) Yes
- (2) No

---

-TELWHR-

Where is this phone located?

\_\_\_\_\_

---

-TELPHN-

What is the telephone number of the phone where you would like to be called?

Area Code: \_\_\_\_ New Number: \_\_\_\_\_

EXT: \_\_\_\_ IF NO EXTENSION, PRESS ENTER

IS THIS A HOME OR OFFICE NUMBER?

- (1) Home
- (2) Office

---

-PHONEO-

Is a telephone interview acceptable?

- (1) Yes
- (2) No
- (3) No phone available

---

-BESTTIM-

When is the best time to contact you?

\_\_\_\_\_

---

-CPNAME1-

Please, give me the name, address, and telephone number of a close relative or friend who would know how to reach you if we are unable to contact you.

Please, begin with that person's first name.

(0) NO CONTACT PERSON INFORMATION AVAILABLE

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

---

-CPRELAT1-

What is that person's relationship to you?

\_\_\_\_\_

---

-CPADDRS1-

What is that person's address?

STREET ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ (H) HELP

ZIP CODE: \_\_\_\_\_

---

-CPPHONE1-

What is that person's telephone number?

(N) NO TELEPHONE NUMBER AVAILABLE

Area Code: \_\_\_\_ New Number: \_\_\_\_\_

EXT: \_\_\_\_ IF NO EXTENSION, PRESS ENTER

---

-MORECP1-

Is there another person who would know how to reach you?

(1) Yes

(2) No

---

-CPNAME2-

Please, give me the name, address, and telephone number of a close relative or friend who would know how to reach you if we are unable to contact you.

Please, begin with that person's first name.

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

---

-CPRELAT2-

What is that person's relationship to you?

\_\_\_\_\_

---

-CPADDRS2-

What is that person's address?

STREET ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ (H) HELP

ZIP CODE: \_\_\_\_\_

---

-CPPHONE2-

What is that person's telephone number?

(N) NO TELEPHONE NUMBER AVAILABLE

Area Code: \_\_\_\_ New Number: \_\_\_\_\_

EXT: \_\_\_\_ IF NO EXTENSION, PRESS ENTER

---

-LTRADDR-

\*\*\*ENTER THE NAME OF THE PERSON IN THIS HOUSEHOLD TO WHOM  
CORRESPONDENCE SHOULD BE SENT\*\*\*

\*\*\*ASK IF NOT APPARENT\*\*\*

IF FULL NAME IS THE SAME AS THE REFERENCE PERSON, ENTER (S) IN FIRST NAME.

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

---

-INCENTV2-

MARK WITHOUT ASKING:

AT THE BEGINNING OF THE INTERVIEW YOU DID NOT GIVE THE RESPONDENT A DEBIT CARD. HAS THE RESPONDENT NOW ACCEPTED THE DEBIT CARD?

- (1) Yes
- (2) No

---

-INCENUM2-

FR: Enter 4-digit cash card number from the debit card.  
ENTER "9999" FOR "Don't Know"

---

-RECVINC-

How did you feel about receiving an incentive to participate in this survey?

- (N) No (more) notes needed

---

-TRANS-

ARE YOU READY TO TRANSMIT THIS CASE?

- (1) Yes
- (2) No

---

-NOWTYPEA-

**\*\* DO NOT READ TO RESPONDENT\*\***

THIS IS NOW A TYPE A-

FR NOTE: Please be sure to complete a Type A and D Information Sheet for this case.

PRESS ENTER TO CONTINUE

---

-WHYTYPZ6-

No survey data was collected for you. Enter the reason that best describes why your survey data was not collected.

- (1) Person was ill or in the hospital
- (2) Person was temporarily away from home
- (3) Refused
- (4) Other (specify)

---

-WHYSP6-

Enter other reason survey data was not collected.

---

-NONSMPL-

COMING SOON...

PRESS ENTER TO CONTINUE

---

-APPT-

I'd like to schedule an appointment visit to finish the interview. What DATE AND TIME would be best to contact you again to?

PROBE: May I contact you later today?

TODAY IS: \_\_\_\_\_

---

-THANKCB-

Thank you for your help. I will contact you at the time suggested.

REVISIT DATE: \_\_\_\_\_

PRESS ENTER TO CONTINUE



---

-THANKYOU-

FR NOTE: THIS CASE IS DESIGNATED FOR INTERVIEWING NEXT WAVE.

Thank you for your cooperation.

PRESS ENTER TO END INTERVIEW

---

-VISITCNT-

QUESTION TO THE FR: How many times have you attempted personal contact with this household (and actually visited the address)?

\_\_\_\_\_

How many times have you attempted to contact this household by telephone?

\_\_\_\_\_

---

-MODECOLL-

FR CHECK ITEM: Was the majority of this interview done by personal interview, or by telephone interview?

- (1) Personal interview
- (2) Telephone interview

---

-SPAN1-

FR CHECK ITEM: Did you conduct any of this household's interview in Spanish?

- (1) Yes
- (2) No

---

-SPAN2-

FR CHECK ITEM: Did you use the Spanish translation in the instrument (available by pressing Shift-F5) during the interview?

- (1) Yes
- (2) No

---

-SPAN3-

FR CHECK ITEM: Why did you choose not to use the Spanish translation in the instrument?

---

-INOTES\_1-

Enter brief notes about this case that could help with the next interview.

OLD NOTE: \_\_\_\_\_

(N) Nothing unusual; no (more) notes needed

(S) KEEP THE OLD NOTE

---

-INOTES\_2-

Previous notes about this case are:

\_\_\_\_\_

Do you want to REPLACE them with new notes about this case?

(1) Yes, I want to REPLACE THEM

(2) No, let them stand

---

End of Instrument Back Section

**SIPP-16004**  
(5-7-98)



U.S. Department  
of Commerce

BUREAU OF THE  
CENSUS

# **Survey of Income and Program Participation**

## **Field Representative's Flashcard and Information Booklet**

(Cut along broken lines)

# FLASHCARD INDEX

Flashcard Index

Booklet Instructions

**A** – Relationship to Reference Person

**B** – Educational Attainment

**C** – Race

**D** – Origin

**E** – Calendar of Reference Months

**F** – Assets Owned

**G** – Colors of the Envelopes from the Social Security Administration

**H** – Sample Medicare Cards

**I** – Reason Not Covered by Health Insurance

**J** – Educational Assistance

Respondent Rules

Household Member Summary Table

Privacy Act Statement

Talking Points for Field Representatives

Uses of SIPP

Elderly Respondents

Poor Respondents

Wealthy Respondents

Middle Income Respondents

(Cut along broken lines)

## BOOKLET INSTRUCTIONS

1. Cards E are reference calendars. You will use a different Card E for each month you interview. Keep only the current month reference calendar in your booklet, and place remaining calendars for future interview months with your other supplies. Discard calendars for previous interview months.
2. During the interview, you may find it easier to handle the flashcards if you remove them from the binder.

(Cut along broken lines)

## **CARD A**

**A**

### **RELATIONSHIP TO REFERENCE PERSON**

**20 – Spouse (Husband or Wife)**

**21 – Unmarried Partner**

**22 – Child**

**23 – Grandchild**

**24 – Parent (Mother or Father)**

**25 – Brother or Sister**

**26 – Other Relative of Reference Person  
(Uncle, Cousin, Mother-In-Law,  
Father-In-Law, etc.)**

**27 – Foster Child**

**28 – Housemate/Roommate**

**29 – Roomer/Boarder**

**30 – Other Non-Relative of Reference Person**

(Cut along broken lines)

# CARD B

## EDUCATIONAL ATTAINMENT

**31** – Less than 1st grade

**32** – 1st, 2nd, 3rd, or 4th grade

**33** – 5th or 6th grade

**34** – 7th or 8th grade

**35** – 9th grade

**36** – 10th grade

**37** – 11th grade

**38** – 12th grade, no diploma

**39** – HIGH SCHOOL GRADUATE –  
high school DIPLOMA or  
equivalent (For example, GED)

**40** – Some college but no degree

**41** – Diploma or certificate from a  
vocational, technical, trade or  
business school BEYOND the  
High School level

**42** – Associate degree in college –  
Occupational/Vocational  
program

**43** – Associate degree in college –  
Academic program

**44** – Bachelor's degree (For  
example: BA, AB, BS)

**45** – Master's degree (For  
example: MA, MS, MEng,  
MEd, MSW, MBA)

**46** – Professional School degree  
(For example: MD, DDS,  
DVM, LLB, JD)

**47** – Doctorate degree (For  
example: PhD, EdD)

**B**

(Cut along broken lines)

# CARD C

## RACE

**WHICH OF THE CATEGORIES ON THIS CARD  
BEST DESCRIBES YOUR RACE?**

**1** – White

**2** – Black

**3** – American Indian, Eskimo, or Aleut

**4** – Asian or Pacific Islander

**C**

*(Cut along broken lines)*



# CARD D

## ORIGIN

**Which of the categories on this card best describes your origin or descent?**

### European Origin

- 1** – Canadian
- 2** – Dutch
- 3** – English
- 4** – French
- 5** – French-Canadian
- 6** – German
- 7** – Hungarian
- 8** – Irish
- 9** – Italian
- 10** – Polish
- 11** – Russian
- 12** – Scandinavian
- 13** – Scotch/Irish
- 14** – Scottish
- 15** – Slovak
- 16** – Welsh
- 17** – Other European

### Hispanic Origin

- 20** – Mexican
- 21** – Mexican-American
- 22** – Chicano
- 23** – Puerto Rican
- 24** – Cuban
- 25** – Central American
- 26** – South American
- 27** – Dominican Republic
- 28** – Other Hispanic

### Other Origins

- 30** – African-American or Afro-American
- 31** – American Indian, Eskimo or Aleut
- 32** – Arab
- 33** – Asian
- 34** – Pacific Islander
- 35** – West Indian
- 39** – Another group not listed

**D**

(Cut along broken lines)

# CARD E

## FEBRUARY 1996 INTERVIEW

### CALENDAR OF REFERENCE MONTHS

OCTOBER 1995 (4 months ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30	31					(5)

NOVEMBER 1995 (3 months ago)							Week No.
S	M	T	W	T	F	S	
			1	2	3	4	5
5	6	7	8	9	10	11	6
12	13	14	15	16	17	18	7
19	20	21	22	23	24	25	8
26	27	28	29	30			9

DECEMBER 1995 (2 months ago)							Week No.
S	M	T	W	T	F	S	
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28	29	30	13
31							(14)

JANUARY 1996 (1 month ago)							Week No.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	14
7	8	9	10	11	12	13	15
14	15	16	17	18	19	20	16
21	22	23	24	25	26	27	17
28	29	30	31				18

FEBRUARY 1996						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

 Holidays

E

(Cut along broken lines)

# CARD E

## MARCH 1996 INTERVIEW

### CALENDAR OF REFERENCE MONTHS

NOVEMBER 1995 (4 months ago)							Week No.
S	M	T	W	T	F	S	
			1	2	3	4	1
5	6	7	8	9	10	11	2
12	13	14	15	16	17	18	3
19	20	21	22	23	24	25	4
26	27	28	29	30			5

DECEMBER 1995 (3 months ago)							Week No.
S	M	T	W	T	F	S	
					1	2	(5)
3	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	25	26	27	28	29	30	9
31							(10)

JANUARY 1996 (2 months ago)							Week No.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	10
7	8	9	10	11	12	13	11
14	15	16	17	18	19	20	12
21	22	23	24	25	26	27	13
28	29	30	31				14

FEBRUARY 1996 (1 month ago)							Week No.
S	M	T	W	T	F	S	
				1	2	3	(14)
4	5	6	7	8	9	10	15
11	12	13	14	15	16	17	16
18	19	20	21	22	23	24	17
25	26	27	28	29			18

MARCH 1996						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

○ Holidays

E

(Cut along broken lines)

# CARD E

## APRIL 1997 INTERVIEW

### CALENDAR OF REFERENCE MONTHS

DECEMBER 1996 (4 months ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30	31					(5)

JANUARY 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
			1	2	3	4	5
5	6	7	8	9	10	11	6
12	13	14	15	16	17	18	7
19	20	21	22	23	24	25	8
26	27	28	29	30	31		9

FEBRUARY 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	17	18	19	20	21	22	12
23	24	25	26	27	28	29	13

MARCH 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	11	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	27	28	29	17
30	31						(17)

APRIL 1997						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

○ Holidays

(Cut along broken lines)

# CARD E

## MAY 1997 INTERVIEW

### CALENDAR OF REFERENCE MONTHS

JANUARY 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
			①	2	3	4	1
5	6	7	8	9	10	11	2
12	13	14	15	16	17	18	3
19	②⑩	21	22	23	24	25	4
26	27	28	29	30	31		5

FEBRUARY 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(5)
2	3	4	5	6	7	8	6
9	10	11	12	13	14	15	7
16	③⑦	18	19	20	21	22	8
23	24	25	26	27	28	29	9

MARCH 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	17	18	19	20	21	22	12
23	24	25	26	27	28	29	13
④⑩	31						(14)

APRIL 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30				18

MAY 1997						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	⑤⑦	28	29	30	31

○ Holidays

E

(Cut along broken lines)

# CARD E

## JUNE 1997 INTERVIEW

### CALENDAR OF REFERENCE MONTHS

FEBRUARY 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	19	20	21	22	3
23	24	25	26	27	28		4

MARCH 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(4)
2	3	4	5	6	7	8	5
9	10	11	12	13	14	15	6
16	17	18	19	20	21	22	7
23	24	25	26	27	28	29	8
30	31						(9)

APRIL 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	9
6	7	8	9	10	11	12	10
13	14	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	28	29	30				13

MAY 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
				1	2	3	(13)
4	5	6	7	8	9	10	14
11	12	13	14	15	16	17	15
18	19	20	21	22	23	24	16
25	26	27	28	29	30	31	17

JUNE 1997						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

○ Holidays

E

(Cut along broken lines)

# CARD E

## JULY 1997 INTERVIEW

### CALENDAR OF REFERENCE MONTHS

MARCH 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	19	20	21	22	3
23	24	25	26	27	28	29	4
(30)	31						(5)

APRIL 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	28	29	30				9

MAY 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
				1	2	3	(9)
4	5	6	7	8	9	10	10
11	12	13	14	15	16	17	11
18	19	20	21	22	23	24	12
25	(26)	27	28	29	30	31	13

JUNE 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	14
8	9	10	11	12	13	14	15
15	16	17	18	19	20	21	16
22	23	24	25	26	27	28	17
29	30						(17)

JULY 1996						
S	M	T	W	T	F	S
		1	2	3	(4)	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

○ Holidays

E

(Cut along broken lines)

# CARD E

## AUGUST 1997 INTERVIEW

### CALENDAR OF REFERENCE MONTHS

APRIL 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	1
6	7	8	9	10	11	12	2
13	14	15	16	17	18	19	3
20	21	22	23	24	25	26	4
27	28	29	30				5

MAY 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
				1	2	3	(5)
4	5	6	7	8	9	10	6
11	12	13	14	15	16	17	7
18	19	20	21	22	23	24	8
25	26	27	28	29	30	31	9

JUNE 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	10
8	9	10	11	12	13	14	11
15	16	17	18	19	20	21	12
22	23	24	25	26	27	28	13
29	30						(14)

JULY 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30	31			18

AUGUST 1997						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

○ Holidays

E

(Cut along broken lines)



# CARD E

## SEPTEMBER 1997 INTERVIEW

### CALENDAR OF REFERENCE MONTHS

MAY 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
				1	2	3	(1)
4	5	6	7	8	9	10	2
11	12	13	14	15	16	17	3
18	19	20	21	22	23	24	4
25	26	27	28	29	30	31	5

JUNE 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	5
8	9	10	11	12	13	14	6
15	16	17	18	19	20	21	7
22	23	24	25	26	27	28	8
29	30						(9)

JULY 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	9
6	7	8	9	10	11	12	10
13	14	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	28	29	30	31			13

AUGUST 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
					1	2	(13)
3	4	5	6	7	8	9	14
10	11	12	13	14	15	16	15
17	18	19	20	21	22	23	16
24	25	26	27	28	29	30	17
31							(17)

SEPTEMBER 1997						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

○ Holidays

E

(Cut along broken lines)

# CARD E

## OCTOBER 1997 INTERVIEW

### CALENDAR OF REFERENCE MONTHS

JUNE 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30						(5)

JULY 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	28	29	30	31			9

AUGUST 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28	29	30	13
31							(14)

SEPTEMBER 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	14
7	8	9	10	11	12	13	15
14	15	16	17	18	19	20	16
21	22	23	24	25	26	27	17
28	29	30					(17)

OCTOBER 1996						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

○ Holidays

E

(Cut along broken lines)

# CARD E

## NOVEMBER 1997 INTERVIEW

### CALENDAR OF REFERENCE MONTHS

JULY 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	1
6	7	8	9	10	11	12	2
13	14	15	16	17	18	19	3
20	21	22	23	24	25	26	4
27	28	29	30	31			5

AUGUST 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
					1	2	(5)
3	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	25	26	27	28	29	30	9
31							(10)

SEPTEMBER 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
	1	2	3	4	5	6	10
7	8	9	10	11	12	13	11
14	15	16	17	18	19	20	12
21	22	23	24	25	26	27	13
28	29	30					(14)

OCTOBER 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
			1	2	3	4	14
5	6	7	8	9	10	11	15
12	13	14	15	16	17	18	16
19	20	21	22	23	24	25	17
26	27	28	29	30	31		18

NOVEMBER 1997						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

○ Holidays

E

(Cut along broken lines)

# CARD E

## DECEMBER 1997 INTERVIEW

### CALENDAR OF REFERENCE MONTHS

AUGUST 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
					1	2	(1)
3	4	5	6	7	8	9	1
10	11	12	13	14	15	16	2
17	18	19	20	21	22	23	3
24	25	26	27	28	29	30	4
31							(5)

SEPTEMBER 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
	①	2	3	4	5	6	5
7	8	9	10	11	12	13	6
14	15	16	17	18	19	20	7
21	22	23	24	25	26	27	8
28	29	30					(9)

OCTOBER 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
			1	2	3	4	9
5	6	7	8	9	10	11	10
12	⑬	14	15	16	17	18	11
19	20	21	22	23	24	25	12
26	27	28	29	30	31		13

NOVEMBER 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	⑪	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	⑳	28	29	17
30							(17)

DECEMBER 1997						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	⑵	26	27
28	29	30	31			

○ Holidays

E

(Cut along broken lines)

# **CARD F**

## **TYPES OF ASSETS**

U.S. Government Savings Bonds (E or EE)

IRA or Keogh Account

401K or Thrift Plan

Interest Earning Checking Account

Savings Account

Money Market Deposit Account

Certificate of Deposit (CD)

Mutual Funds

Stocks

Municipal or Corporate Bonds

U.S. Government Securities

Mortgages from which Payments are Received

Rental Property

Royalties

Other financial Investments not already mentioned

**F**

(Cut along broken lines)

# CARD G

## COLORS OF THE ENVELOPES FROM THE SOCIAL SECURITY ADMINISTRATION



BLUE



BUFF

**G**

*(Cut along broken lines)*

# CARD H

## SAMPLE MEDICARE CARDS

MEDICARE		HEALTH INSURANCE	
SOCIAL SECURITY ACT			
NAME OF BENEFICIARY <b>JOHN Q PUBLIC</b>			
CLAIM NUMBER		SEX	
<b>000-00-0000-A</b>		<b>MALE</b>	
IS ENTITLED TO		EFFECTIVE DATE	
<b>HOSPITAL</b>	<b>(PART A)</b>	<b>12-1-90</b>	
<b>MEDICAL</b>	<b>(PART B)</b>	<b>12-1-90</b>	
SIGN HERE → <i>John Q. Public</i>			

MEDICARE		HEALTH INSURANCE	
RAILROAD RETIREMENT BOARD			
NAME OF BENEFICIARY <b>JOHN Q PUBLIC</b>			
CLAIM NUMBER		SEX	
		<b>MALE</b>	
IS ENTITLED TO		EFFECTIVE DATE	
<b>HOSPITAL</b>	<b>(PART A)</b>	<b>12-1-90</b>	
<b>MEDICAL</b>	<b>(PART B)</b>	<b>12-1-90</b>	
SIGN HERE → <i>John Q. Public</i>			

H

(Cut along broken lines)

# CARD I

## REASONS NOT COVERED BY HEALTH INSURANCE

Which one or more of these reasons describe why you were not covered by health insurance during this time?

- 1** – Too expensive, can't afford health insurance
- 2** – No health insurance offered (by employer of self, spouse or parent)
- 3** – Not working at a job long enough to qualify
- 4** – Job layoff, job loss, or any reason related to unemployment
- 5** – Not eligible because working part time or temporary job
- 6** – Can't obtain insurance because of poor health, illness, age, or a pre-existing condition
- 7** – Dissatisfied with previous insurance OR don't believe in insurance
- 8** – Have been healthy, not much sickness in the family, haven't needed health insurance
- 9** – Able to go to VA or military hospital for medical care
- 10** – Covered by some other health plan, such as Medicaid
- 11** – No longer covered by parents' policy
- 12** – Other

(Cut along  
broken lines)



# CARD J

## EDUCATIONAL ASSISTANCE

- 1** – Federal PELL Grant
- 2** – Assistance from the Department of Veteran's Affairs (VA) such as GI or Montgomery Bill, Survivors and Dependents, other Veterans' Administration Educational Assistance Programs
- 3** – College (or Federal) Work Study Program
- 4** – Any other FEDERAL grant or program: for example, SEOG, Health or Nursing Grant, ROTC, NSF Grant
- 5** – A loan that has to be repaid, for example, Stafford, Perkins, or SLS
- 6** – A grant, scholarship, or tuition remission FROM THE SCHOOL ATTENDED
- 7** – A teaching or research assistantship from the school attended
- 8** – A grant or scholarship FROM THE STATE, such as SSIGP, Douglas Scholarships
- 9** – A grant or scholarship from some other source, such as a foundation, corporation, or community group, National Merit Scholarship, etc.
- 10** – Assistance provided by employer
- 11** – Aid from some other source (EXCLUDE all direct aid from parents, including trusts or college savings funds)

# RESPONDENT RULES

## HOUSEHOLD RESPONDENT

Any household member 15 years old or older who is physically and mentally competent and knowledgeable may answer the control card questions and questions about the household as a unit.

## HOUSEHOLD MEMBER 15 YEARS OF AGE OR OLDER

Each household member 15 years old or older, present at the time of interview, should respond for himself/herself. If a 15+ person is physically or mentally incompetent, select a proxy respondent. Also select a proxy respondent for a person absent at the time of interview. Any **knowledgeable** household member who is 15 years old or older may serve as proxy. Following is a chart for your use in determining who to interview. The choices are listed in order of priority.

INTERVIEW RESPONDENT PRIORITY RULES	
WAVE	FIRST FAMILY MEMBER INTERVIEW OR RETURN VISIT INTERVIEW
1	1. Self 2. Spouse (if any) 3. Other proxy
2	1. Self 2. Spouse (if any) 3. Proxy last visit 4. New proxy
3-8	1. Self 2. Spouse (if any) 3. Proxy last visit 4. Proxy at another visit 5. New proxy

If a person wishes to act as a proxy but is not a household member, you **must** call your supervisor for permission before interviewing the proxy. Enter a note in Case Management using F7.

## SUMMARY TABLE FOR DETERMINING WHO IS TO BE INCLUDED AS A MEMBER OF THE HOUSEHOLD

<b>A. PERSON STAYING IN SAMPLE UNIT AT TIME OF INTERVIEW</b> <b>Any person in unit including members of family, lodgers, servants, visitors, etc.</b>	Include as member of household?	
1. Ordinarily stay here all the time (sleep here) ..... 2. Here temporarily – no living quarters held elsewhere ..... 3. Here temporarily – living quarters held elsewhere .....	Yes Yes	No
<b>In Armed Forces</b> 1. Stationed in this locality – usually sleep here ..... 2. Temporarily here on leave – stationed elsewhere .....	Yes	No
<b>Student</b> – Here temporarily attending school – living quarters held for person elsewhere 1. Not married or not accompanied by own family ..... 2. Married and accompanied by own family ..... 3. Student nurse attending school nearby .....	Yes Yes	No
<b>B. ABSENT PERSON WHO USUALLY LIVES HERE IN SAMPLE UNIT</b>		
<b>Inmate of institutional special place</b> – Absent because inmate in an institutional special place regardless of whether or not living quarters held for person here .....		No
<b>Persons temporarily absent on vacation, in general hospital, etc.</b> (Including veterans' facilities that are general hospitals) – Living quarters held here for person .....	Yes	
<b>Absent in connection with job</b> 1. Living quarters held here for person – temporarily absent while "on the road" in connection with job (e.g., traveling salesperson, railroad worker, bus driver, seaman) ..... 2. Living quarters held here and elsewhere for person but comes here infrequently (e.g., construction engineer) ..... 3. Living quarters held here at home for unmarried college student working away from home during summer school vacation .....	Yes Yes	No
<b>In Armed Forces</b> – Currently stationed elsewhere .....		No
<b>In school</b> – Away temporarily attending school – living quarters held here for person 1. Not married or not accompanied by own family ..... 2. Married and accompanied by own family ..... 3. Attending school overseas ..... 4. Student nurse living at school .....	Yes	No No No No
<b>C. EXCEPTIONS AND DOUBTFUL CASES</b>		
<b>Person with two concurrent residences</b> 1. Regularly sleep greater part of week in another locality ..... 2. Regularly sleep greater part of week here .....	Yes	No
<b>Citizen of foreign country temporarily in the United States</b> 1. Living on premises of an Embassy, Ministry, Legation, Chancellery, or Consulate ..... 2. Not living on premises of an Embassy, Ministry, etc. – a. If living and studying here and no usual place of residence elsewhere in the United States ..... b. If living and working here and no usual place of residence elsewhere in the United States ..... c. If merely visiting or traveling in the United States .....	Yes Yes	No No

# **PRIVACY ACT STATEMENT**

**"The Bureau of the Census is conducting the Survey of Income and Program Participation to gather information about employment, income, and the economic situation of persons and families who live in the United States. All survey information will be used for statistical purposes only. The survey is being conducted under the authority of title 13, United States Code, section 182.**

**"Participation in the survey is voluntary, and there are no penalties for failure to answer any questions. However, your cooperation is extremely important to insure the completeness and accuracy of the final results."**

# **TALKING POINTS FOR FIELD REPRESENTATIVES**

## **Uses of SIPP**

The Survey of Income and Program Participation (SIPP) is used to learn and understand more about the economic well being and changes of the Nation. Because SIPP follows people over time and because thousands of people have responded to this survey, we are able to provide unique answers or insights into key policy questions.

SIPP data are used by Congress, the White House, and state and local officials to make informed decisions about important policy questions facing the Nation. SIPP data provides meaningful information and insight into the economic well-being of the Nation. Data from the SIPP has been used directly or indirectly in many policy debates, such as:

- Health Coverage Reform Act and Legislation
- Minimum Wage Act and Legislation
- The Americans for Disabilities Act and Legislation
- Welfare Reform Act and Legislation

Listed on the next few pages are some of the ways SIPP data is used to provide information and insight about the following groups of respondents:

- Elderly Respondents
- Poor Respondents
- Wealthy Respondents
- Middle-Income Respondents

# ELDERLY RESPONDENTS

- ▶ SIPP has been used to measure the impact on the value and sufficiency of Social Security payments due to:
  - Changes in the cost of medical insurance, especially supplemental insurance.
  - Changes in the amount of income received and how people meet living expenses.
- ▶ SIPP measures the changes that affect their ability to maintain their independence and life style, such as:
  - The effects of inflation on the value of Social Security and Pensions.
  - The effects of changes in savings and asset ownership over time and the ability of the elderly to maintain their pre-retirement standard of living.
  - The effects of lower social security and pension payments on surviving spouses.
  - The effect of the movement of the elderly into an extended family and their ability to retain independence.
  - The transition of the elderly into group homes and nursing homes.
- ▶ SIPP allows testing of alternative approaches to improve economic standing of the elderly.
- ▶ SIPP measures the changes that affect people's qualification for programs such as food stamps, housing and energy assistance, Medicaid, etc.
  - Changes in the amount of disposable income.
  - Changes in the value of real assets as people cover current expenses.
- ▶ Measures the interaction between public and private program participation.
- ▶ Measures the impact on the Nation's well-being as the population grows older, such as:
  - Changes in savings plans such as IRAs, 401(k)s, pensions plans, etc., as the baby boomers reach retirement.
  - Changes in real assets such as real estate, mutual funds, and stocks as the population ages.
  - Changes in health insurance coverage, especially shifts in types of coverage over time from group or individual policies to HMOs.
- ▶ SIPP measures the changes in family composition and the impact on the economic well-being of the family, after the loss of the main wage earner through death or divorce.

## **POOR RESPONDENTS**

- ▶ SIPP measures the effects of changes in the economic well-being of those in poverty, such as:
  - Changes in the minimum wage.
  - Changes in program qualification requirements and benefits.
  - Changes in family composition.
- ▶ SIPP measures the effect of program changes on those in poverty, such as Food Stamps, AFDC, WIC, Medicaid, etc.
  - Changes in eligibility requirements.
  - Changes in the benefits provided.
  - Changes in the duration of coverage or waiting period before coverage begins.
- ▶ SIPP measures the effectiveness of public assistance programs on those in poverty, such as:
  - The movement into and out of the labor force.
  - The duration without coverage by health insurance.
  - The effect of poverty in depleting real assets.
  - The effect of poverty on educational attainment.
  - Showing who actually participates in the programs.
- ▶ SIPP measures the effect that the Federal Earned Income Tax Credit has on those in poverty.
- ▶ SIPP measures the impact on educational attainment when the government modifies student loan programs and educational grants.
- ▶ SIPP measures the effectiveness of government programs to meet the needs of people in need even for short periods, such as:
  - The effectiveness of assistance programs to meet the short term needs of people temporarily unemployed.
  - The effectiveness of programs to reach the intended population.
  - The impact on health care insurance participation during periods of unemployment.
- ▶ SIPP measures the changes in family composition and the impact on the economic well-being of the family, after the loss of the main wage earner through death or divorce.

# WEALTHY RESPONDENTS

- ▶ SIPP measures the impact of changes in government tax policies on savings and assets.
  - Changes in the capital gains tax.
  - Changes in estate taxes.
  - Modification of tax credits or deductions.
  - Changes in IRA and 401(k) eligibility and limits.
  - Changes in age eligibility for withdrawing funds from IRA or 401(k) plans.
- ▶ SIPP measures the impact of corporate down-sizing on economic well-being, such as:
  - The effect on labor force participation.
  - The effect on savings and real assets as people try to maintain their standard of living.
  - The effect on educational attainment of family members.
  - The effect on child care arrangements during times of unemployment.
- ▶ Measures the impact on the Nation's well-being as the population grows older, such as:
  - Changes in savings plans such as IRAs, 401(k)s, pensions plans, etc., as the baby boomers reach retirement.
  - Changes in real assets such as real estate, mutual funds, and stocks as the population ages.
  - Changes in health insurance coverage, especially shifts in types of coverage over time from group or individual policies to HMOs.
- ▶ SIPP measures the impact of changes in health insurance programs.
  - Changes in the cost of insurance policies.
  - Changes in the composition of those covered.
  - Changes in coverage when a person changes jobs.
- ▶ SIPP measures the impact of layoffs on the economic well-being of middle-income families.
  - The fluctuations in labor force participation.
  - The effect on savings and real assets as they try to maintain their standard of living.
  - The effectiveness of unemployment payments to the family's well-being.
  - The effect on educational attainment of family members.
  - The effect on child care arrangements during times of unemployment.
- ▶ SIPP measures the changes in family composition and the impact on the economic well-being of the family, after the loss of the main wage earner through death or divorce.



## MIDDLE INCOME RESPONDENTS

- ▶ SIPP measures the impact of layoffs on the economic well-being of middle-income families.
  - The fluctuations in labor force participation.
  - The effect on savings and real assets as people try to maintain their standard of living.
  - The effect on health insurance coverage, especially COBRAs. A COBRA is a requirement of the Omnibus Budget Reconciliation Act of 1986. It allows certain workers and their families the ability to retain health insurance benefits by paying the full cost of the coverage for a period of up to 36 months after a dependent reaches a certain age or up to 18 months after a worker is terminated from employment.
  - The effectiveness of unemployment payments to the family's well-being.
  - The effect on educational attainment of family members.
  - The effect on child care arrangements during times of unemployment.
- ▶ SIPP measures the effectiveness of government programs to meet the needs of people in need even for short periods, such as:
  - The effectiveness of assistance programs to meet the short term needs of people temporarily unemployed.
  - The effectiveness of programs to reach the intended population.
  - The impact on health care insurance participation during periods of unemployment.
- ▶ SIPP measures changes in the socioeconomic patterns of the nation's work force.
  - Changes in the child care arrangements and work schedules when both parents are in the labor force.
  - Changes in work habits caused by legislative initiatives such as the Family and Medical Leave Act.
  - Changes in labor force participation as women leave the work force to have children and the duration of non-participation in the labor force.
  - The job status of women/men as they reenter the work force after taking care of a baby or sick family member.
  - Changes in family composition and the impact on the economic well-being of the family, after the loss of the main wage earner through death or divorce.
- ▶ SIPP has been used to measure the impact on the value and sufficiency of Social Security payments due to:
  - Changes in the cost of medical insurance, especially supplemental insurance.
  - Changes in the amount of income received and how people meet living expenses.

- ▶ SIPP measures the impact of changes in government tax policies on savings and assets.
  - Changes in IRA or 401(k) eligibility or limits.
  - Changes in the basic tax rates and exemptions.
  - Modification of tax credits for education.
  - Modification of tax deductions, such as changes in the deduction for mortgage interest or changes in personal exemptions.
- ▶ SIPP measures the impact of changes in health insurance programs.
  - Changes in the cost of insurance policies.
  - Changes in the composition of those covered.
  - Changes in coverage when a person changes jobs.
- ▶ SIPP measures the impact on educational attainment when the government modifies student loan programs and educational grants.
- ▶ SIPP measures the impact on the Nation's well-being as the population grows older, such as:
  - Changes in savings plans such as IRAs, 401(k)s, pensions plans, etc as the baby boomers reach retirement.
  - Changes in real assets such as real estate, mutual funds, and stocks as the population ages.
  - Changes in health insurance coverage, especially shifts in types of coverage over time from group or individual policies to HMOs.